

AR 7 1939 APR 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12349  
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784  
 (b) Township CARONDELLE Primary Registration District No. 117  
 (c) City W. B. STERLING GROVES (d) Street No. 441 PARK AVE Registered No. 409  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGIA SHEFFER

(a) Residence, No. 441 PARK AVE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALLEN R. SHEFFER  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-24-1859  
 7. AGE YEARS 79 MONTHS 8 DAYS 10 IF LESS THAN 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROCHESTER NEW YORK

FATHER 13. NAME ANDREW J. BANTA  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME LAURA PENNY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROCHESTER NEW YORK

17. INFORMANT (ADDRESS) Virion J. Harris 441 E. Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SHORTSVILLE N.Y. DATE MARCH 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) Parker and Webster's Grove

20. FILED MAR 7 1939 J. R. Myers M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1939, to Mar 6, 1939.  
 I last saw him alive on Mar 3, 1939. Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) Date of onset 7  
Auricular Fibrillation 7  
93°C  
 Other contributory causes of importance:  
Arteriosclerosis  
Parkinson's Syndrome

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Y  
 If so, specify .....  
 (Signed) Victor Reese M. D.  
 (Address) 176 Lockwood, Webster's Grove

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Cerrin B. Lang

, Licensed Embalmer No. 1581

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Cerrin B. Lang

Licensed Embalmer No. 1581

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**