

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

16988
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (f) Street No. Parklane Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4522**

2. PRINT FULL NAME John Wesley Shipley

(a) Residence, No. 408 So. Florissant St. WA FERGUSON, MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oda Vay Shipley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st, 1887

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 52 | 3 | 25 | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Intl. Shoe Co.
 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) Kentucky

FATHER 13. NAME Dave Shipley

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Oda Vay Shipley
408 S. Florissant Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE May 19th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Navel
1905 Union Blvd.

20. FILED MAY 17 1939 J. J. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16, 1939
 22. HEREBY CERTIFY, That I attended deceased from Jan, 1939, to 5/15, 1939
 I last saw him alive on 5/15, 1939. Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:

Embolism and Organic Heart lesion

Date of onset

9567

Other contributory causes of importance:
High blood pressure - enlarged heart - Had eye removed 5/18/39 (Keratitis)
 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? ?
 If so, specify.....
 (Signed) J. J. [Signature], M. D.
 (Address) St. Louis, Mo

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.

1 X 16605

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. M. Sanford*.....

Licensed Embalmer No. *3223*.....

P. O. Address *St. Louis*.....

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.)

If this body is not embalmed, above space should be left blank.