DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33997

Primary Registration District No.

Registrar's No. 8535

1003

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5116 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5116 Highland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph W. Shreves 612

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Shreves

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 1 (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Petersburg (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Buyer

11. Industry or business Lumber retired 6 yrs.

FATHER
12. Name Robert Shreves
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Perlina B. Roe
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Merle Shreves
(b) Address 4718 Hammett Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) OCT 5 1939 (Date received local registrar) (b) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day October year 1939 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 7th, 1938, to Oct 3, 1939; that I last saw him alive on Oct 3rd, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism Left Lung and Thrombosis	4 days
Due to Infarct.	
Due to non tubercular no pneumonia	
Other conditions Senility - a Chr CVR (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature G. W. McShane (M. D. or other) M.D.
Address 6125 Bartmer St Louis Date signed 10/4/39

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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 Albert G. Lappe

Licensed Embalmer No. 2971

P. O. Address.....

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.