DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 777

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 777

1. PLACE OF DEATH:

AUG FEB 17 1940

(a) County

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

(c) Name of hospital or institution: 5063 Raymond Ave -2
(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 MISSOURI (b) County

(c) City or town ST. LOUIS 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5063 RAYMOND AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA MAY SHUPP. [illegible]

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILBERT C. SHUPP.

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

7. Birth date of deceased MAY 8 ~~1872~~ (Month) 1877 (Day) (Year)

8. AGE: Years 72 Months 8 Days 14 If less than one day hr. min.

9. Birthplace BUCYRUS (City, town, or county) OHIO (State or foreign country)

10. Usual occupation AT HOME.

11. Industry or business

FATHER
12. Name JESSIE M. McCRACKEN
13. Birthplace CAMBRIDGE (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARY L. COOK
15. Birthplace SANDUSKY (City, town, or county) OHIO (State or foreign country)

16. (a) Informant's own signature Wilbert C. Shupp
(b) Address 5063 Raymond ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 25-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton Sons
(b) Address 7233 Delmar Blvd

19. (a) JAN 25 1940 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 13 1934 to Jan 22, 1940, to , 19 ;
that I last saw her alive on Jan 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure following acute Indigestion. Duration

Due to Patient Victim of Paresis 2½ years

Due to Standing - Died suddenly following acute attack

Other conditions (Include pregnancy within 3 months of death) Indigestion No definite heart disease

Major findings: Of operations Paresis result of cerebral hemorrhage

Of autopsy

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) [illegible]
(b) Date of occurrence
(c) Where did injury occur? (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 C. G. Harris (M. D. or other)
Address 303 W. Main Festus Mo. Date signed 1/24/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.