

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 hours**
(Specify whether
In this community **St. Joseph, Mo.**
years, months or days)

FILED FEB 12 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits write "RURAL")
(d) Street No. **1602 Jules Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24th**
year **1940** hour **1** minute **35** A. M.
21. I hereby certify that I attended the deceased from **Oct 31**, 19**39**, to **Jan 24**, 19**40**,
that I last saw her alive on **Jan 24**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocardial insufficiency
Due to **Chronic hypertension**
Other conditions **g37?**
Major findings:
Of operations
Of autopsy **now**

Duration
unknown
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME **Catherine Shields 432**

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 **Patrick A. Shields** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Brookfield 100. 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **14** If less than one day hr. min.

9. Birthplace **Brookfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **St Home**

12. Name **Unknown**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Shields**

(b) Address **2914 Sacramento Street**

17. (a) **Burial** (b) Date thereof **Jan 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **William W. Steufeder**

(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **Jan 26, 1940** (b) **J. J. Nestlebur**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Lustan Brown** (M. D. or other)
Address **Union Str. St. Joseph** Date signed **1/24/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 C. Harrington*.....

Licensed Embalmer No. *3258*.....

P. O. Address *St. Joseph, Missouri*.....

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.