

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7610**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether years, months or days)  
 In this community 50 Years.

8. (a) PRINT FULL NAME David Shewsbury

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (c) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Florence Shrewsbury 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased about 1871  
 (Month) (Day) (Year)

8. AGE: Years about 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Raterer

11. Industry or business own

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

14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Shrewsbury

(b) Address 3923 Olive Str.

17. (a) Burial (b) Date thereof 9/17/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) SEP 12 1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 19  
 (If outside city or town limit write "RURAL")  
 (d) Street No. 3923 Olive St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7  
 year 1940 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9-5-40  
 \_\_\_\_\_, 19\_\_\_\_, to 9-7-40, 19\_\_\_\_;  
 that I last saw him alive on 9-7-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure  
Chronic Myocarditis

Due to Chronic Intestinal Nephritis

Other conditions Hypertension  
 (Include pregnancy within 3 months of death)

Major findings: Cardiac Renal vas. calay  
 Of operations no operation

Of autopsy None

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?

23. Signature George J. Michael (Specify type of place) (M. D. or other)  
 Address 3903 Olive St. Date signed 9-11

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

2  
D-39  
39  
21492

OCT 25 1940

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.....

*Frank A. Moore*

Registered Apprentice No. *3041*

working under my personal supervision.

Signed

*William A. Stork*

Licensed Embalmer No. *3588*

P. O. Address *St. Louis*

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

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