No. 2
1-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37429

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9702

FILED DEC 11 1940

**1. PLACE OF DEATH:**
(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: Lutheran 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 40 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood NR (If outside city or town limits, write "RURAL")
(d) Street No. 3025 Bartold (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Laura Shobe
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Jacob Allen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 6, 1863 (Month) (Day) (Year)
8. AGE: Years 77 Months 8 Days 19 If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Staples
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizah Bailey
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant C. Earle Fisher
(b) Address 5700 Pernod
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director R. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) NOV 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 25 year 1940 hour 1:15 pm minute M.
21. I hereby certify that I attended the deceased from 3 years, 19, to, 19; that I last saw her alive on 11/25/40, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Rt Ventricular Failure | 3 days |
| Hypostatic pneumonia | 2 days |
| Due to: Unspecified Empyema of Gall Bladder | 1 week |
| Due to: [illegible] | |
| Other conditions (Include pregnancy within 3 months of death): Senility - Chr. Myocarditis - Cor Bovis | |

Major findings: Of operations None
Of autopsy As above 93

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)
(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 Walter H. Dohm (M. D. or other)
Address 2602 S. Grand. Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lakeside

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

**If this body is not embalmed, fact should be so stated above.**