

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9761**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Sanitarium
(d) Length of stay: In hospital or institution 10 yr. 9 mo. 5
In this community 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis.
(d) Street No. 5400 ARSENAL ST
2727 McNair Ave.
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME: JESSIE SHAUL

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herbert Shaul 6. (c) Age of husband or wife if alive --?-- years

7. Birth date of deceased April 27 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>6</u> | <u>29</u> | hr. _____ min. |

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant City South

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 11/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Wacker-DeLesterle

(b) Address 2331 S. Broadway

19. (a) NOV 28 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26
year 1940 hour 10.45 minute P. M.

21. I hereby certify that I attended the deceased from July 1st
1939, 19 to Nov. 26, 1939

that I last saw her alive on Nov. 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 7-1-39-x

Due to Arteriosclerosis 7-1-39-x

Due to _____

Other conditions: [Handwritten]
(Include pregnancy within 3 months of death)

Major findings: [Handwritten]
Of operations _____

Of autopsy NO

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 5400 Arsenal St. Date signed _____

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

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: *Robert C. Wheeler*
Licensed Embalmer No. *2178*
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, fact should be so stated above.