

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39765**  
Registrar's No. **2085**

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH:  
(a) County St. Louis,  
(b) City or town Normandy.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Council.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since Nov. 16, '38  
(Specify whether 0)  
In this community 3  
years, months or days

3. (a) PRINT FULL NAME ADA L. SHIELL.  
(b) If veteran, name war none. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.  
6. (b) Name of husband or wife Andrew Shiell. 6. (c) Age of husband or wife if alive                      years  
7. Birth date of deceased Feb'y 14, 1856.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84. 8. 21. hr.            min.

9. Birthplace Rome, New York.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business                     

MOTHER FATHER { 12. Name Henry Butts.  
13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Bishop.  
15. Birthplace Connecticut  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Shiell.  
(b) Address 5823 Cabanne Ave.

17. (a) burial. (b) Date thereof 11/7/1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem.

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

19. (a) NOV 6 1940 (b) DR. M. D. S. J.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6240 Rosebury Drive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th  
year 1940 hour 9:40 minute            P. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1938. to Nov. 5, 1940;  
that I last saw h. er. alive on Nov. 5, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arterio-  
Sclerosis, Chr. Cardio-Vascular-Renal ?  
disease, Chr. Hypertension ?

Secondary: Cerebral Apoplexy left,  
right complete Hemiplegia; first  
stroke 1938, second stroke Oct. 31, '40

Other conditions Died in Home of Incurables  
(Include pregnancy within 3 months of death)  
Bedfast since there.

Major findings: None  
Of operations                       
Of autopsy None 131

Duration  
?  
?  
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) No  
(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 D. L. Lupton (M. D. or other)                       
Address 3715 Jimmy Rd. Date signed 11-6-40

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

Dr. L. H. Johnson  
3718 Jennings Rd.  
EV-1968  
J. H. P. M.

**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 the above constitutes grounds for revocation of license.)**

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