

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2172

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9617 Hawthorne St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 6 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9617 Hawthorne St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME Clara Shields
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 15th
 year 1940 hour 6 minute _____ P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Shields
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased August 15 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 26th, 1938, to November 15, 1940;
 that I last saw her alive on November 15, 1940;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral thrombosis with right hemiplegia

8. AGE: Years 65 Months 3 Days 0
 If less than one day _____ hr. _____ min.

Due to Coronary disease
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace New York New York
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name John Lerch
 13. Birthplace Unknown, France
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Lerch
 15. Birthplace Unknown, Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Ernest Shields
 (b) Address 9617 Hawthorne
 17. (a) Removal (b) Date thereof Nov 16, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefleur, Missouri
 18. (a) Signature of funeral director Jac. Simmons
 (b) Address Bellefleur, Mo.
 19. (a) NOV 17 1940 (b) D.R. Meyer
 (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?
701 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 813 University Club Bldg. Date signed 11-16-40

BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Geo. Renner
Licensed Embalmer No. 20314
P. O. Address Belleville Ills

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.