

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH: St. Louis.
 (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: City Infirmary. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution August 30, 1941
 In this community 45 yrs.
 years, months or days (Specify whether 2 yrs)

3. (a) PRINT FULLNAME Nora Shelby.
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow. 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1859
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>about</u>		hr. min.

9. Birthplace Syria. 4 Foreigner
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name X

13. Birthplace X 9
 (City, town, or county) (State or foreign country)

14. Maiden name X

15. Birthplace X 9
 (City, town, or county) (State or foreign country)

16. (a) Informant R. Molony

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Jan 28 - 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. Peter & Paul

18. (a) Signature of funeral director Thomas D. ...

(b) Address 2906 ...

19. (a) JAN 28 1941 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis, Mo. 1-3/7
 (If outside city or town limits, write "RURAL") 5800 Arsenal St. 9
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? Foreigner. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26,
 year 1941 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from August
30, 1938 to January 26, 1941.
 that I last saw her alive on January 26, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the uterus, with metastases

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Maxwell ... (M. D. or other) _____

Address Isolation Hospital Date signed 1-27-41

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.....

Leo Buddle

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Buddle

Licensed Embalmer No.....

3989

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.