

LEO MAR 25 1941
Registration District No. 791

Primary Registration District No. 1003

60
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
5409 Cabany Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME George C. Shedd

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Sophia Shedd 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 2 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Shedd Typewriter Co

MOTHER FATHER { 12. Name George P Shedd

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

14. Maiden name Sarah Brown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sophia Shedd
(b) Address 5409 Cabany Ave

17. (a) Burial (b) Date thereof Feb 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Peetz Brithers
(b) Address 3029 Lafayette Ave

19. (a) FEB 25 1941 (b) J. H. Brudwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 59

(d) Street No. 5409 Cabany Ave
CABANY AVE (If not in city or town limits, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day February
year 1941 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from Feb 21, 1941, to Feb 18, 1941;
that I last saw him alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 9 days

Due to arterio sclerosis

Due to _____

Other conditions D.
(Include pregnancy within 3 months of death)

Major findings: Of operations 100

Of autopsy 42

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? _____

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

23. Signature J. H. Brudwick (M. D. Di)
Address 2301 S. Kingshighway Date signed 2/19/41

Dr. Weiss
2301 A. Kensington Avenue
1 to 5

2172

2172

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 *Francis J. Irvine*

Licensed Embalmer No. *7245*

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.