

No. 2
1-4-41
17-39
X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16609**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4127**

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:
St. Anthony's Hospital ()
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Herculaneum**
(If outside city or town limits, write "RURAL" _____)
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **Rose Shelley**
3. (b) If veteran, name war **No.**
3. (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 **Michael** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 17 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 29 hr. min.

9. Birthplace **Ste. Genevieve Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Mackley**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ellen Seal**
15. Birthplace **Portsmouth Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester Shelley**
(b) Address **Herculaneum, Mo.**

17. (a) **Burial** (b) Date thereof **5/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Herculaneum, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **MAY 18 1941** (b) **J. J. [Signature]**
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16** year **1941** hour **5** minute **15** M.
21. I hereby certify that I attended the deceased from **May 1st 1941** to **May 16 1941**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cervix Uteri
Due to **Cholelithiasis**
Cholecystitis
Due to **Chronic myocarditis**
Other conditions (Include pregnancy within 3 months of death) _____

Duration
6 Mos
yes
yes?

Major findings: **Carcinoma of Cervix**
Of operations **Cholelithiasis**
Of autopsy _____

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 **George A. Sullivan** (Dr. D. or other) _____
Address **421 W. [Address]** Date signed **5/16/41**

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley
Licensed Embalmer No. 4302

P. O. Address.....

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.