No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20209

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5021

1. PLACE OF DEATH:

(a) County

(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: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1721

(d) Street No. 3021 Easton (If rural, give location) 9

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

3. (a) PRINT FULL NAME Wesley Shye

3. (b) If veteran, name war

3. (c) Social Security No. 489-09-6325

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Shye

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July (Month) 4 (Day) 1889 (Year)

8. AGE: Years 52 Months 11 Days 11 If less than one day hr. min.

9. Birthplace V. K (City, town, or county) Miss (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant Lucy Shye

(b) Address 3135 Brantner Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 19 1941 (Date received by local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 12:15 minute A.M.

21. I hereby certify that I attended the deceased from June 13, 1941, to June 15, 1941; that I last saw him alive on June 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Purulent Meningitis (Type undetermined)	27 Hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Ervin (M. D. or other)

Address 2601 Whittier St. Date signed 6/17/41

(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 L Bay

....., Registered Apprentice No. Ny

working under my personal supervision.

Signed Lonnie Bo[illegible]

Licensed Embalmer No. 294[illegible]

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.