

S. No. 2
I-4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33033
7985
Registrar's No. _____

BUREAU OF THE CENSUS
FILLED NOV 24 1941
7911
Registration District No. _____

Primary Registration District No. 1003

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:
Home for the Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 10 Mo.
(Specify whether
In this community _____
years, months or days)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 13 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name Michael Shelley
13. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Maher
15. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Seraphine
(b) Address 3400-So. Grand Blvd.

17. (a) Removal (b) Date thereof Oct. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation Chamois, Missouri

18. (a) Signature of funeral director J. N. Gebken & Co
2842 Meramec St.
(b) Address 6-1941

19. (a) OCT 16 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
Little's Sisters of the Poor
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 6 7th
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 2
1941 to Oct 6 1941
that I last saw him alive on Sept 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio-Sclerosis
Due to _____

Other conditions (include pregnancy within 3 months of death) 8306
Major findings: Of operations _____
Of autopsy 475

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?

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1941

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.....

Joseph S. Benz

Registered-Apprentice No. 218

working under my personal supervision.

Signed

Loran E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
St. Louis, Mo.

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.