

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **33189**  
**8143**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(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. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50  
(c) City or town Herculaneum  
(If outside city or town limits, write "RURAL") 0 NR  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day 10th  
year 1941 hour 1:00 minute P.M.  
21. I hereby certify that I attended the deceased from 9-29-41  
to 10-10-1941  
that I last saw her alive on 10-10-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pelvic Abscess  
of generalized Peritonitis  
caused by left ovary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Ca of left ovary

PHYSICIAN

Of autopsy Pelvic abscess - Peritonitis  
Sepsis of peritonitis, carcinoma  
Underline the cause of death which should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) remnants of left ovary  
(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 Lucius A. Davis (M. D. or other) M.D.  
Address 1536 Papine St. Date signed 10-10-41

3. (a) PRINT FULL NAME Shores, Elvina  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Shores, Lester 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Oct. 28 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cadet, Mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Bond

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

14. Maiden name Harriett Bingham

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

16. (a) Informant Lester Shores

(b) Address Herculaneum

17. (a) Burial (b) Date thereof 10/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Herculaneum

18. (a) Signature of funeral director Severin & Son  
2629-31 Cole Street  
(b) Address \_\_\_\_\_

19. (a) OCT 13 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

999

MAR 11 1955

FEB 21 1955

**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.....  
Licensed Embalmer No. 2963  
P. O. Address. 2915 Franklin

**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.**