

FILED MAR 16 1942
Registration District No. 27A

Primary Registration District No. 109

Registrar's No. 555

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(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 St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Spruce
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Elizabeth Husfield

20. DATE OF DEATH: Month March day 9th
year 1942 hour 2 minute 25 P. M.

3. (b) If veteran, name war No. 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from About 4 months, 19 to , 19 ;
that I last saw her alive on March 8, 1942, 19 ;
and that death occurred on the date and hour stated above.

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

Immediate cause of death Double Lobar Pneumonia 8 days
Duration

8. AGE: Years Months Days If less than one day
86 8 5 hr. min.

Due to Senile general disability

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

Due to.....

10. Usual occupation Housewife

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

11. Industry or business.....

Major findings:
Of operations 108
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Jackson Shaner

13. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Loretta Shields

15. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. N. Long

(b) Address 4347 Warne Ave.

17. (a) Burial (b) Date thereof 3-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 10 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)

Address [Signature] Date signed 3/10/42

APR 22 1942

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.....

J. Wm. B. Dinkley

Licensed Embalmer No. *3653*

P. O. Address *Sh. Lane 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.