

FILED JUN 10 1942

Primary Registration District No. 1003

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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 Phillips Hospital  
(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 17 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")

(d) Street No. 2219 Carr  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Nora Shobe

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13,  
year 1942 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 10,  
19 42 to May 13, 19 42  
that I last saw her alive on May 13, 19 42  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February 14, 1902  
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease

Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 40 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laundress

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

MOTHER FATHER { 12. Name George Butler

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

14. Maiden name Jane Anderson  
No.

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

16. (a) Informant Shirley Smith

(b) Address 2601 N. Whittier

17. (a) \_\_\_\_\_ (b) Date thereof 5-16-42  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger St

19. (a) MAY 29 1942  
(Date received local registrar)

(b) J. F. Brueck  
(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 0

23. Signature J. F. Brueck (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier Date signed 5/16/42

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**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.....

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.**