

FILED SEP 8 1942

Registration District No. 187

Primary Registration District No. 115

Registrar's No. 1871

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

1. PLACE OF DEATH: St. Louis  
 (a) County St. Louis  
 (b) City or town University City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1315 Purdue Ave.  
 (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 Mo. (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1315 Purdue Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Sophia Shaffer Ayres  
 3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug. day 28  
 year 1942 hour 3 minute 15 P.M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Robert W. Ayres  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased May 18 1858  
 (Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>10</u>	hr. .... min.

Immediate cause of death Bronchopneumonia  
 Due to Chronic Bronchitis and myocarditis  
Rheumatic Fever

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

Due to Chronic Bronchitis 20 yrs  
and myocarditis 30 yrs  
 Due to Rheumatic Fever

10. Usual occupation Housewife

Other conditions..... (Include pregnancy within 3 months of death)  
 PHYSICIAN.....  
 Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Shaffer

Major findings: Of operations 93d

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

14. Maiden name Polly Williams

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

16. (a) Informant Helen E. Gray  
 (b) Address 1315 Purdue Ave.

Of autopsy.....  
 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?

17. (a) Burial (b) Date thereof 8-31-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral  
 (b) Address 1905 Union Blvd.

While at work?..... (Specify type of place)  
 (g) Means of injury 7  
 23. Signature J. Lincoln Huff (M. D. or other) 90  
 Address 1506 Goddard Date signed 8/28/42

19. (a) AUG 31 1942 (b) C. E. Mc Donnell  
 (Date received local registrar) (Registrar's signature)

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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.....

*Albert R. Thompson Jr.*

Licensed Embalmer No.....

*42370*

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.**