

FILED JAN - 8 1942
Registration District No. 178

Primary Registration District No. 5594

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

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S INFIRMARY EUREKA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-YEAR-11 MTHS.
In this community 1-YEAR-11 MTHS-7 DAYS
(Specify whether 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. 6507 Baitmer ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD F SHELLY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife CATHERINE SHELLY 6. (c) Age of husband or wife if alive YES

7. Birth date of deceased 11 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 29 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country) 0

10. Usual occupation JANITOR-RETIRED

11. Industry or business AS ABOVE

MOTHER FATHER { 12. Name MICHAEL SHELLY
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4
14. Maiden name CATHERINE TIEFENBRUNN
15. Birthplace IRISH (City, town, or county) (State or foreign country)

16. (a) Informant Brother Charles O. St.

(b) Address St. Josephs Hill Eureka
17. (a) Burial (b) Date thereat Dec. 15/42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Am

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 S. Adams Ave.

19. (a) 12/17/42 (b) James A. Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11-
year 1942 hour 1- minute 45.00 A.M.

21. I hereby certify that I attended the deceased from JAN-20 1941 to Dec 7 1942
that I last saw him alive on Dec 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis - cardio
vascular disease

Due to 30%
Due to _____

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)
cardio involvement

Major findings: Of operations None
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? None

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature James A. Townsend (M. D. or other)
Address 61257 Baitmer Date signed 12-12-42

Duration
Underline the cause to which death should be charged statistically.

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. 3225
P. O. Address 1170 Hodiemont

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.