

FILED MAR 15 1943 18

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1964

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town _____
 (c) Name of hospital or institution 3137 Marnee
 (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) 2.5 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 13
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 10
 (d) Street No. 3137 Marnee Pl (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Collie Sheffield
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 20 day March
 year 1943 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race 3 negro
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Aug. 14 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/11/43 to 2/21/43
 that I last saw her alive on 2/21/43 and that death occurred on the date and hour stated above.
 Immediate cause of death hypertensive heart disease Duration _____

8. AGE: Years Months Days If less than one day
73 6 17 hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace La (City, town, or county) (State or foreign country) 1

10. Usual occupation Community

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown La (City, town, or county) (State or foreign country) 1

14. Maiden name Unknown

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

16. (a) Informant B. C. Walker
 (b) Address 3137 Marnee Pl

17. (a) (Burial, cremation, or removal) Green Wood
 (b) Date thereof 3-1-43 (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director H. J. Smith
 (b) Address 4247 26th St. St. Louis
 19. (a) MAR 7 1943 (Date received local registrar) J. Z. Bredenk (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) Means of injury _____

23. Signature H. J. Smith (M. D. or other) 0
 Address 809 E. Jefferson Date signed 2/27/43

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

MOTHER FATHER

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.....

William C. McDowell

....., Registered Apprentice, No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No..... *2114*

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.