

FILED MAR 2 1943 818

Registration District No. 1003 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DePaul Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4335 Maryland Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Katé Shirley
(b) If veteran, name war: None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 19th
year 1943 hour 3:25 minute P.M.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced, or age of husband or wife if alive years
7. Birth date of deceased: Jan. 12th 1870 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 4 1943 to Feb 19 1943
that I last saw him alive on Feb 19 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	1	7	hr. min.

Immediate cause of death:
Cerebral lesion of apoplexy - 6 days
Due to: 10 p.m.
Due to: 10 p.m.

9. Birthplace: St. Louis Mo.
10. Usual occupation: Housework at home

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business:
12. Name: Robert Shirley
13. Birthplace: Ireland
14. Maiden name: Rose Arthur
15. Birthplace: Ireland
16. (a) Informant: Mrs. Dolores Zachritz
(b) Address: 1150 Ursula Ave.
17. (a) Burial: Old St. Peter's Church
(b) Date of the burial: Feb 22 1943
(c) Place: burial or cremation: Kriegshauser Mortuary
18. (a) Signature of funeral director: J. F. Bredack
(b) Address: 4228 So. Kingshighway Blvd.
19. (a) FEB 20 1943 (Date received local registrar)
(b) J. F. Bredack (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: R. J. ...
Address: ...
Date signed: Feb 20 1943

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

539 N. Snow Ave.
Fr 6583 - 9-12-81-3

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..... 3024

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.