

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 769

FILED APR 15 1943  
Registration District No. 101

Primary Registration District No. 101

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mon., 6 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. 6420 Cates Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Shields

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1943 hour 1 minute :55P. M.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 9 1943  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-23-43  
to 3-29-43  
that I last saw h. er alive on 3-29-43  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 2 20 hr. min.

Immediate cause of death Bronchopneumonia Duration 4 days

Hydrocephalus, internal, advanced

Due to Meningococci " "

Myelocel " "

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

Other conditions (Include pregnancy within 3 months of death) 1570

11. Industry or business

MOTHER FATHER { 12. Name Joseph Shields

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

14. Maiden name Margaret Almon

15. Birthplace Richmond Heights, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Internal hydrocephalus

Of operations " " "

Of autopsy " " "  
Meningococci, myelocel

Underline the cause to which death could be charged statistically.

16. (a) Informant Mrs. Margaret Shields

(b) Address 6420 Cates Ave.

17. (a) Burial (b) Date thereof Mar. 31/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) APR 1 1943 (b) [Signature]  
(Date received local registrar) (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 Melton A. Spitz (M. D. or other)

Address St. Louis County Hosp. Date signed 3/30/43

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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.....

*Geo. W. Clark*  
.....  
Licensed Embalmer No. **1661**

**NO EMBALMING**

P. O. Address **1125 Hodiament Ave.,**

**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.**