

Registration District No. 1940 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis Children's O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)

In this community 21 days

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State ILLINOIS (b) County 11

(c) City or town MOUNT VERNON ILL.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHELBY JEAN MONAGHAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 5 21 1940  
(Month) (Day) (Year)

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

11 4 hr. \_\_\_\_\_ min.

9. Birthplace CENTRALIA, ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name SHELBY MONAGHAN

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

14. Maiden name LUCILLE ROMERO

15. Birthplace NEW IBERIA LA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Shelby Monaghan

(b) Address Mt. Vernon Ill.

17. (a) Removal (b) Date thereof \_\_\_\_\_  
(Date of removal, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Ill.

18. (a) Signature of funeral director Roy J. Baldrige

(b) Address Centralia Ill.

19. (a) APR 27 1941 (b) J. P. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25  
year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4-4-43  
19\_\_\_\_ to 4-25-43 19\_\_\_\_;  
that I last saw her alive on 4-20-43 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to \_\_\_\_\_

Due to 157

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy YES

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 \_\_\_\_\_

23. Signature R. J. Blotner (M. D. or other) \_\_\_\_\_  
Address 500 So. Humphreys Date signed \_\_\_\_\_

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

MOTHER FATHER

3897  
1683

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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.....*John Ketter*.....  
Licensed Embalmer No.....*3880*.....  
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.**