. No. 2
-4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12775

LED MAY 12 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 4091

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BRO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: ST LOUIS 96
(a) State MO (b) County LEMAY.
(c) City or town LEMAY NR.
(If outside city or town limits, write "RURAL")
(d) Street No. 208 ADELIA.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME WILLIAM SHAY.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 23 (Day) 1873 (Year)
8. AGE: Years 69 Months 8 Days 7 If less than one day hr. min.
9. Birthplace LANCASTER. (City, town, or county) PA. (State or foreign country)
10. Usual occupation PACKER
11. Industry or business
FATHER 12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant THOMAS SHAY
(b) Address 208 ADELIA.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3-43 (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE. CEM.
18. (a) Signature of funeral director J. P. Budek Jr.
(b) Address 7128 MICHIGAN. AV.
19. (a) MAY 2 1943 (Date received local registrar) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 30
year 1943 hour 4 minute A M.
21. I hereby certify that I attended the deceased from 2-1-42, 19..., to 4-30, 1943; that I last saw h. alive on 4-30, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (a) Cardiac Dilation	30 min.
Due to (b) Chronic Myocarditis	yrs
(c) Chronic Nephritis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) Arterial Thrombosis of Rt Ventricle	3 wks

Major findings:
Of operations —
Of autopsy —

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

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? (Specify type of place)
While at work? —
(e) Means of injury

23. Signature Emma L Crewes (M. D. or other)
Address 748 Lemay Ferry Rd Lemay, Mo Date signed 4/30/43

(Licensed Embalmer's Statement on Reverse Side)

3147

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tennsylvania

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.