V. S. No. 2
00M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22501

FILED JUL 10 1943 317

Registration District No. 2002

Primary Registration District No. 2002

Registrar's No. 1536

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

1. PLACE OF DEATH:
(a) County St Louis, ~~Missouri~~
(b) City or town 6522 Bartmer St. U. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6522 BARTMER AVE
(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. 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. 6522 BARTMER
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME (NELLIE) Maria Ellen Shields
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife J. Wm. SHIELDS
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov (Month) 28 (Day) 1869 (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ST. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation NiL
11. Industry or business
12. Name JAS. PLEASANTS
13. Birthplace ..... (City, town, or county) VA. (State or foreign country)
14. Maiden name MARIA LIPSCOM
15. Birthplace ..... (City, town, or county) UNK (State or foreign country)
16. (a) Informant Mrs. Jessie Corner
(b) Address 6522 Bartmer Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation HIRAM CEMETERY
18. (a) Signature of funeral director Louis H. Bopp, Inc
(b) Address Kirkwood, Mo.
19. (a) JUL 6 1943 (Date received local registrar) (b) E. G. McGlaucan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2nd day (Friday) year 1943 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from March 21, 1943, to July 2, 1943, that I last saw her alive on 1st July, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema as Result Cardiac failure	1 week
Due to: Far advanced Carcinoma of Right Breast	
Due to: with metastases to axillary nodes and lungs	14 Months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 D. J. Verdo (M. D. or other)
Address Barnard Skin & Cancer Hosp. Date signed 7-2-43

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(Licensed Embalmer's Statement on Reverse Side)

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.....

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.