

FILED JUL 17 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis mo

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

(c) Name of hospital or institution: 3007 1/2 Rutger St
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3007 1/2 Rutger St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GWEN DOLYN. SHAMLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased MAY 20 1943
(Month) (Day) (Year)

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

1	20		
hr.	min.		

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name HILLIARD SHAMLEY

13. Birthplace TUDELO MISSI
(City, town, or county) (State or foreign country)

14. Maiden name Johnnie May Brandon

15. Birthplace Belton missi
(City, town, or county) (State or foreign country)

16. (a) Informant Hilliard Shamley

(b) Address 3007 1/2 Rutger St

17. (a) Funeral (b) Date thereof 7-12-43
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Watson

(b) Address 2769 Chouteau ave
J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from July 20 1943 to July 10th 1943
that I last saw her alive on July 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease - case

Due to _____

Due to _____

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

Duration
1 mo 20 days

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? _____

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

23. Signature J. F. Brudick (M. D. or other) _____
Address 2769 Chouteau Date signed 7/12/43

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 *A. J. Shaton*

Licensed Embalmer No. *2698*

P. O. Address *2769 Shortland*

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.