

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9165

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

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:
Firmin Desloge 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)

3. (a) PRINT FULL NAME Sarah Shuey

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife William Shuey
 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 1st 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>16</u>	br. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Rice

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

14. Maiden name Nancy Atkinson

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

16. (a) Informant William Shuey

(b) Address 7441 Hiawatha Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Oct 18 1943
(Date received local registration) J. E. Bradach
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
 (d) Street No. 7441 Hiawatha Ave.
(If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
 year 1943 hour 11:40 minute A.M.

21. I hereby certify that I attended the deceased from Jan 4
4, 1942, to Oct. 17, 1942;
 that I last saw her alive on Oct. 17, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 7 days

Due to Arteriosclerotic heart disease & hypertension
 Date Jan 4 1942

Due to _____

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

Major findings: Of operations None

Of autopsy None

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 Al Penman M.D. (M. D. or other) _____
 Address 504 University Club Bldg Date signed 10/18/43

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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 *Elaine A. Mc Dermott*

Licensed Embalmer No *3024*

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.