

FILED DEC 13 1943

State File No.

10545

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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:
M.O. BAPTIST 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5311 Savoy Ct.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY LEE SHUSTER.

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

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

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

7. Birth date of deceased MAY 10 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 6 19 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name MARCUS SHUSTER.

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

14. Maiden name FRANCES HALLER

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

16. (a) Informant Marcus Shuster

(b) Address 5311 SAVOY COURT.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 1 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation DELMAH CEMETERY

18. (a) Signature of funeral director L. Mullen
(b) Address 5165 DELMAR BLVD.

19. (a) DEC 1 1943 (Date received local registrar) J. T. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29th year 43 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from NOV. 29 1943 to NOV. 29 1943 that I last saw her alive on NOV. 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to not determined

Due to _____

Other conditions Mongolian Idiocy
(Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy _____

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 J. Wistar, White (M. D. or other) _____
Address 4500 Olive Date signed _____

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

MOTHER FATHER

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.....

H. G. Ferris

Licensed Embalmer No.

3384

P. O. Address.....

St Louis

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.