

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
#22086  
FILED FEB 1 1944  
378  
THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **704**

Registration District No. \_\_\_\_\_ 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 \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
30 Yrs (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Michael Shelley

3. (b) If veteran, name war \_\_\_\_\_ No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29, 1858  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>85</u>	<u>0</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Druggist

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Martha Stirewalt

(b) Address 2737a Ann Ave.

17. (a) Cremation (b) Date thereof 1-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) JAN 24 1944 (b) J. F. Mueck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")

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

(d) Street No. 2737a Ann Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 23rd  
year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from January 6th  
19 44 to January 23rd, 44  
that I last saw him alive on January 23rd, 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Senile Psychosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)

Signature [Signature] (M. D. or \_\_\_\_\_) 1/24/44  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

*Ernest W. Spillars*

Licensed Embalmer No. ....

*#080*

P.O. Address.....

*3836 Betanibel*

**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.**