

FILED APR 13 1944 8

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3085

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(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 Alabama (b) County Mobile
(c) City or town Mobile
(If outside city or town limits, write "RURAL")
(d) Street No. 851 South Cedar St.
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Jerry Blaze Shay

3. (b) If veteran, name war World #1 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Winifred Morton 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 28, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 3 _____ hr. _____ min.

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

10. Usual occupation Car repairman

11. Industry or business G. M. & O. R. R. Co.

MOTHER FATHER

12. Name Jerry Shay
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Winifred M. Shay

(b) Address Mobile, Ala.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/1/44
(Month) (Day) (Year)

(c) Place: burial or cremation Mobile, Alabama

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 1 1944 (Date received local registrar) (b) J. Z. Brunson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3-16, 1944, to 4-1, 1944;
that I last saw him alive on 4-1, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis - left

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) (b) Means of injury _____

23. Signature Harold Steele (M. D. or other) _____

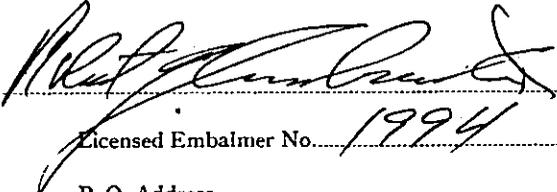
Address 1755 S. Grand Date signed 4-1-44

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

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..... 1994
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.