

FILED NOV 22 1944
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1003

Primary Registration District No.

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: City Infirmery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
years, months or days)

In this community 40 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME SUSAN SHINKLE

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 Married

6. (b) Name of husband or wife Charles Shinkle

6. (c) Age of husband or wife if alive 25 years (Year) 1867

7. Birth date of deceased (Month) 9 (Day) 25 (Year) 1867

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>1</u> | <u>15</u> | hr. _____ min. |

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

10. Usual occupation House -wife

11. Industry or business _____

MOTHER FATHER

12. Name Patrick O' Conner

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

14. Maiden name Bridget (City, town, or county) (State or foreign country)

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

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal St.

17. (a) Cremation (b) Date thereof 11/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 11 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 175

(d) Street No. 5904 Cates Ave. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 10th;
year 1944 hour 7:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 9th, 19 44, November 10, 19 44;

that I last saw her alive on November 10th, 19 44;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to _____

Due to _____

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Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings senility

Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature J. Maxwell (M. D. or other) _____
Address 5800 Arsenal St Date signed 11-11-44

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..... *Glenn Eymek*.....

Licensed Embalmer No. *1284*.....

P. O. Address *St. Louis Mo*.....

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.