

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **11293**

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: St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Louise Shanklin
3. (b) If veteran, name war _____
3. (c) Social Security No. 500-24-2291

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Benjamin
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Oct. 18 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Webster Groves, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Paul Seidewitz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Ehrhardt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Shanklin
(b) Address 6411 Weber Road

17. (a) Burial (b) Date thereof Jan. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker Belderle
(b) Address 3638 Gravois Ave.

19. (a) JAN 2 1945 (b) J. F. Budick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 8418 Tennessee
(If rural, give location) NB
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30
year 1944 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from 17 1944 to Dec. 30 1944
that I last saw her alive on Dec. 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic apnea of brain 2 mo non-fatal
Due to Endocarditis Chronic 10 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) (c) Means of injury _____

23. Signature J. F. Budick (M. D. or other) _____
Address 7712 River Date signed 12/30/44

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

MOTHER FATHER

1179

318

NB

92

JAN 2 1945

JAN 2 1945

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.....

Frank J. Holland

Licensed Embalmer No.....

2675

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.