

U.S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED DEC 18 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42150**

Registration District No. **317**

Primary Registration District No. **3068**

Registrar's No. **2519**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Maplewood Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Edgewood Retreat**  
(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **Two Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lena E. Shipley**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **F** | 5. Color or race **W** | 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Clinton Shipley** | 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **March 2 1881**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **6** If less than one day hr. min.

9. Birthplace **Polk County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Invalid Housewife**

11. Industry or business

12. Name **Moses Best**

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

14. Maiden name **Lena Hocker**

15. Birthplace **Polk County Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mildred Seymour**

(b) Address **7482 Flora Ave. Maplewood Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 11 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave**

19. (a) **DEC 12 1944** (b) **C. S. Mollavean M.D.** (Registrar's signature) Address **1030 No. 7th St. St. Louis** Date signed **12-9-44**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis Mo**

(c) City or town **Maplewood Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7482 Flora Ave., M**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **8** year **1944** hour **12** minute **22 A.M.**

21. I hereby certify that I attended the deceased from **July 5 1940** to **Dec 8 1944** that I last saw him alive on **Dec 7 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerotic Heart Disease** Duration **54y.**

Due to **General Arterio-sclerosis** ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **A38**

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 **C. R. Shuffler** (M. D. or other)

Address **1030 No. 7th St. St. Louis** Date signed **12-9-44**

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.....

*J.P. Burgess*

Licensed Embalmer No. 4029

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.**