V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4827

Registrar's No. 1420

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006 17 6

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

(d) Street No. 1315 Semple Avenue
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MYRTLE BERTHA SHIRLEY

3. (b) If veteran, name war

3. (c) Social Security No. 497-03-6415

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 11 (Day) 1879 (Year)

8. AGE: Years 65 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Deco Wall Paper Co.

FATHER
12. Name Albert J. Shirley
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Elva S. Deiter
15. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs. L. H. Taylor
(b) Address 1315 Semple Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Boulevard

19. (a) FEB 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1945 hour 3 00 minute A M.

21. I hereby certify that I attended the deceased from Feb 2, 1945, to Feb 11, 1945;
that I last saw her alive on Feb 10, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	over 10 days
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death): Possible pneumococcus brain abcess or basilar meningitis	10 days +
Major findings: Of operations	
Of autopsy Not obtained	

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) Dna
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. C. Campbell (M. D. or other) MD
Address 5427 Delmar Date signed 2-12-45

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.