

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

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:  
Firmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street-No. 1215 Wright St.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Stella Mae Sheldon  
 (b) If veteran, name war..... Nil  
 (c) Social Security No. 500-16-2229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
 year 1945 hour 6:42 minute A. M.  
 21. I hereby certify that I attended the deceased from 4-3-45  
 to May 28, 1945

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife George Sheldon  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased June 15 1906  
(Month) (Day) (Year)

that I last saw her alive on May 28, 1945  
 and that death occurred on the date and hour stated above  
 Immediate cause of death Internal Obstruction  
from due to Volvulus  
 Due to Operation  
 Due to 12/2  
 Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
38 11 13 hr. min.

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

10. Usual occupation  
 11. Industry or business Central State Paper Bag Co.  
 12. Name Lee Hamby  
 13. Birthplace Steelville Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Jane Kay  
 15. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
 Of operations Cystic excision  
chronic appendicitis  
 Of autopsy Volvulus - ileum  
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Sheldon  
 (b) Address 1215 Wright St.  
 17. (a) Burial (b) Date thereof 5-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation De Soto, Missouri  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) JUN 1 1945 (b) J. J. Brasel  
(Date received local registrar) (Registrar's signature)

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 Erwin T. Huber (M. D. or other) hub  
 Address 1215 Wright St. Date signed 6-1-45

**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..... *Albert G. Hoppe* .....

Licensed Embalmer No..... *2971* .....

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.**