

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39784**
Registrar's No. **11347**

FILED JAN 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
6 Portland Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6 Portland Pl.
(if rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alfred Lee Shapleigh

3. (b) If veteran, name war None

3. (c) Social Security No. 499-05-4688

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mina W. Shapleigh

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 16 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chairman of Board

11. Industry or business Shapleigh Hardware Co.

MOTHER, FATHER

12. Name Augustus F. Shapleigh

13. Birthplace Portsmouth New Hamp.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ann Umsted,

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

16. (a) Informant A. Wessel Shapleigh

(b) Address 23 Fordyce Lane, Ladue Mo.

17. (a) Burial (b) Date thereof 12/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary
4161 Lindell Blvd.

(b) Address DEC 26 1945

19. (a) J. F. Branson (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1945 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from November 20, 1945 to Dec 24, 1945.

that I last saw him alive on Dec 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death acute grippe Myocardial Degeneration

Due to arterio-sclerosis 11 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 22

Major findings: Of operations _____

Of autopsy _____

Duration 2.10 10 day

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) _____

(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)

Means of injury _____

23. Signature Loellin Fidler (M. D. or other) _____

Address 3720 Washington Ave Date signed 12-24-45

844 (Licensed Embalmer's Statement on Reverse Side)

Frischholz
14 Lincoln Pl.

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 *Robert T. Sangster*
Licensed Embalmer No. *4290*
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.