

FILED JAN 21 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 246

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: Lutheran Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 050  
(c) City or town St. Louis 117  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4338 Virginia Ave 9  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Minnie Shelby

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1946 hour 7 minute 05 am.  
21. I hereby certify that I attended the deceased from 1-4-46 to 1-7-46, 1946; that I last saw her alive on 1-6-46, 1946; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife August Shelby 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 10 1862  
(Month) (Day) (Year)

Immediate cause of death: Myocardial Failure - Ch 3 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Senility  
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hollywood La  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret

11. Industry or business \_\_\_\_\_

12. Name William Kelbourn

13. Birthplace Mass!  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Layden

15. Birthplace Miss!  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H P Berthels

(b) Address 339 Poplar Webster June Mo

17. (a) Cremation (b) Date thereof 1-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nal'hella Cemetery

18. (a) Signature of funeral director Louis H Bopp Jr

(b) Address Kirtwood, Mo

19. (a) 9 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_  
23. Signature Arnold Stein (M. D. or other) JD  
Address 2632 S. Kings Highway Date signed 1/7/46

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

3112

2016

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**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..... *Jan M. Spence* .....  
Licensed Embalmer No. *4343* .....  
P. O. Address..... *7415 Zephyr Pl  
Maplewood 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.