S. No. 2
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v. 5-17-39
I X35697

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

3119

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No. 931

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 150

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: Christian Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 30 years

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. 2901 DoDier Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Ann Shockley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wiley

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

7. Birth date of deceased September (Month) 17 (Day) 1868 (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Winona (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Wilcox
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

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

16. (a) Informant Enos Shockley
(b) Address 2901 DoDier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville, Illinois

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JAN 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-10- 1945, to 1-2- 1945, that I last saw him alive on 1-2- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Dr. Paul H. Chapman (M. D. or other)
Address 3518 Dodier Date signed 1-3-46

(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.....L P Cooper.....

Licensed Embalmer No.....3633.....

P. O. Address.....2317 Lafayette Ave.....

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.