S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4153

Registration District No. 37 Primary Registration District No. 6676 Registrar's No. 228

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Sullivan Nursing Home
(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 Missouri (b) County St. Louis 96
(c) City or town University City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6507 Bartmer Ave 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Shelley
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward F. Shelley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 9th, 1876 (Month) (Day) (Year)
8. AGE: Years 69 Months 10 Days 15 If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name ? Tiefenbrunn
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Josephine Schoppe
15. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Miss Marcella Shelley
(b) Address 6507 Bartmer Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave
19. (a) 1-26-46 (Date received local registrar) (b) E. G. Gamaunt M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th year 1946 hour 4.00 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 29, 1945 to Jan. 22, 1946 that I last saw her alive on Jan. 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	1 mo.
Due to Chronic nephritis	1 year.
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 N. J. Everroll (M. D. or other) M.D.
Address 4129 W. Adington Date signed 1/24/46

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John Norton Eversoll
4129 Washington Ave
Fr. 4322
3-6

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.