

FILED APR 24 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

3511

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **76**
(c) City or town University City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 Pershing **NR 5**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME ABBIE M. SHOLDERS

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Robert W. Sholders, Dec. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 8 hr. min.

9. Birthplace Oswego, N. Y. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Smith McCoy
13. Birthplace N. Y. (State or foreign country)
14. Maiden name Govina Berstow (State or foreign country)
15. Birthplace N. Y. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V. M. McMonigle

(b) Address 7324 Pershing

17. (a) burial (b) Date thereof 4-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) APR 16 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 29 1944 to April 15 1946
that I last saw her alive on April 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis **270.**
Due to Adenocarcinoma of Right ovary **245.**
Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy _____

Duration
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) (e) Means of injury 5

23. Signature A. R. Pfeiffer (M. D. or R. N.)
Address 1020 No. Third St. St. Louis Date signed 4-16-46

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

17
9

A. B. Shreffler

Miss Gentle Bldg.

J.S. 7469

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.....

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address.....

6175 Dillman

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.