

S. No. 2
DM-5-17-39
I X3657

FILED MAY 31 1946
Registration District No. **3418**

Primary Registration District No. **1003**

Registrar's No. **4488**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4515 Maryland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community Since 1913
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. 4515 Maryland
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No.)
If yes, name country.....

3. (a) PRINT FULL NAME Mauda Lee Shackelford

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 Married

6. (b) Name of husband or wife Benjamin G. Shackelford

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 16 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 18
year 1946 hour..... minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10
1940 to May 18 19 46
that I last saw her alive on May 18 19 46
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>8</u>	<u>2</u> hr. min.

Immediate cause of death Chronic Myocarditis Duration 10 yr

Due to.....

Due to.....

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

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER { 12. Name Thomas R. E. Harvey

13. Birthplace North Cumberland Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Yerby

15. Birthplace Farcare County, Va.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Benj. G. Shackelford

(b) Address 4515 Maryland

17. (a) ENTOMBMENT
(Burial, cremation, or removal) (b) Date thereof 5-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Lonsdale

(b) Address 6175 Delmar

19. (a) MAY 20 1946
(Date received local registrar) (b) J. J. Brudack
(Registrar's signature)

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 W. H. Shackelford (M. D. or other)
Address 3903 Olive Date signed 5/18/46

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 Mc culloch*.....

Licensed Embalmer No. *2760*.....

P. O. Address. *6175 Delma*.....

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.