

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18899

FILED MAY 31 1946  
318

State File No. \_\_\_\_\_

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

Primary Registration District No. **1003**

Registrar's No. **4638**

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community Life  
years, months or days

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. 5730 Pernod Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Emil Shelby

3. (b) If veteran, name war WW # 2

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1946 hour \_\_\_\_\_ minute 7 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Maxine Shelby

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased February 2 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-18 1946 to 5-22 1946;  
that I last saw him alive on 5-22 1946;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

29 3 20 hr. min.

Immediate cause of death Cerebral Hemorrhage  
Due to vascular defect

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 85

10. Usual occupation Commercial Artist

11. Industry or business Self

Major findings: Of operations \_\_\_\_\_

Of autopsy Cerebral Hemorrhage

MOTHER FATHER

12. Name George Shelby

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Ablan

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Maxine Shelby

(b) Address 5730 Pernod, St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1946  
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

C. ROFFMEISTER COLONIAL MORTUARY

(g) Place of burial or cremation New SS Peter & Paul Cem

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6464 Chippewa, St. Louis, Missouri

19. (a) MAY 23 1946 (Date received by registrar) (b) J. F. Brodeur (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury ○

23. Signature Daniel L. Seltan (M. D. or \_\_\_\_\_)

Address 607 N. Grand Date signed 5-23-46

Ne 1750

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

1777

JUN 10 1946

Daniel E  
Dr. Sexton  
Univ Club Bldg.,  
1:15 will be in until that time  
then in the office after 3:00 PM

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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 Harry J. Schumaker  
Licensed Embalmer No. 2679  
P. O. Address 7814 S. Broadway

**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.