

**FILED** JUN 26 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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: **City Infirmary**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Mo. 15 Days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
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. **2021 So. GRAND**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mattie Gill Shadley**

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

4. Sex **FEMALE** / 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 1871**  
(Month) (Day) (Year)

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

**74 8 23** hr. \_\_\_\_\_ min.

9. Birthplace **Todd County, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Wm. Small**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie ?**

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

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **7-20-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Warren Cemetery**

18. (a) Signature of funeral director **Walter Haldick**

(b) Address **3134 Spavors Ave**

19. (a) **JUL 19 1946** (b) **J. F. Biesack**  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **17**  
year **1946** hour **4:25** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 2** to **July 17**, 19**46**  
that I last saw h **or** alive on **July 17**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration \_\_\_\_\_  
**= acute cardiac decompensation**

Due to **Coronary artery Disease**  
**generalized arteriosclerosis**

Due to **Organic brain disease**  
**Old pneumonia right**

Other conditions **Diagnosed of left lower leg**  
**embolus left popliteal artery**

Major findings: Of operations \_\_\_\_\_ Of autopsy **95**

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 \_\_\_\_\_

23. Signature **Palmer Duane Bowditch** (M. D. or other) \_\_\_\_\_  
Address **5800 Arsenal St.** Date signed **7/18/46**

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

**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

*Frank J. Glamb*

Licensed Embalmer No.

*2675*

P. O. Address

**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.**