S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6954

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 1833

**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: Enroute to St. L. Childrens Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County ..... 1917

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4311 Laclede Avenue 9
(If rural, give location)

(e) Citizen of foreign country? no - (Yes or No)

If yes, name country .....

**3. (a) PRINT FULL NAME** Shirley - Gary Wayne

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased August (Month) 3 (Day) - 1946 (Year)

8. AGE: Years — Months 6 ~~7~~ Days 19 ~~18~~ If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name James W. Shirley
13. Birthplace Kennett, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Betty Kettorman
15. Birthplace Pittsburg (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant James W. Shirley
(b) Address 4311 Laclede Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) FEB 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 22 - year 47 - hour 2 minute a M.

21. I hereby certify that I attended the deceased from November, 1946, to 2-22-, 1947; that I last saw him alive on February 8, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Gastro-enteritis Acute | 2 days |
| Congenital Malformation of brain | Since birth |
| Due to Patent Ductus Arteriosus | " " |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

157

Major findings:
Of operations Marked internal hydrocephalus
Of autopsy And absent (corpus callosum) corpus callosum

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 0

23. Signature [signature] (M. D. or other) M.D.

Address 453 N. Taylor Ave Date signed 2-22-47

(Licensed Embalmer's Statement on Reverse Side) Stanley L. Harrison

Gr 0717

## 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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette 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.**