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

11832

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 636

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST MARYS HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MONTHS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARTER 18

(c) City or town VAN BUREN
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SHARON KAY PENDER

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 SINGLE

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

7. Birth date of deceased AUG (Month) 14 (Day) 46 (Year)

8. AGE: Years 0 Months 7 Days 0 If less than one day hr. min.

9. Birthplace POPLAR BLUFF (City, town, or county) MO (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name AUBY PENDER
13. Birthplace VAN BUREN (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELLA KELLEY
15. Birthplace CHILTON (City, town, or county) MO (State or foreign country)

16. (a) Informant AUBY PENDER
(b) Address VAN BUREN, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation VAN BUREN, MO

18. (a) Signature of funeral director ROWLAND MORTUARY SER.
(b) Address 4355 WASHINGTON AV.

19. (a) 3-17-47 (Date received local registrar) (b) Ruth J Allen MD (Registrar's signature) MSL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 14th year 1947 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 24, 1946, to Mar 14, 1947, that I last saw her alive on Mar 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Myelomeningocoele Lumbar

Due to Spina Bifida Congenital

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Phil W Stewart (M. D. ~~or other~~)

Address 4660 Maryland Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 3880.

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.