

FILED JUN 9 1947

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 1117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3519 San Jose /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis ⁹⁶
(c) City or town Overland ¹³
(If outside city or town limits, write "RURAL")
(d) Street No. 3519 San Jose Lane ¹
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Shell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male ⁰ 5. Color or race White ⁰ 6. (a) Single, widowed, married, divorced Single ⁰

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

7. Birth date of deceased Dec. 18 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Overland Mo. ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Silas Shell ⁰
13. Birthplace Lutzville Mo. ⁰
(City, town, or county) (State or foreign country)
14. Maiden name Joenia Baker
15. Birthplace Lutzville Mo. ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant Silas Shell
(b) Address 3519 San Jose Lane

17. (a) Burial (b) Date thereof 6/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutzville, Mo.

18. (a) Signature of funeral director Colliers Funeral Home

(b) Address 10123 St. Charles Road

19. (a) 6-5-47 (b) Beula Zharpp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death suffocation while sleeping in bed with mother ⁷¹⁰

Due to _____ ¹⁸²

Due to _____ ¹⁶

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

Major findings: Of operations _____

Of autopsy _____

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) Accident ⁹⁶

(b) Date of occurrence June 1, 1947.

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home.

While at work? _____ (Specify type of place) Suffoca-
Means of injury tion

3. Signature Amold J. Willmann ^{Carroll}

Address Clayton, Mo. Date signed 6/3/47

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

JUN 12 1947

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chap Rd

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.