S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29870

Registration District No. 31

Primary Registration District No. 6076

Registrar's No. 1727

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: Pine Crest Nursing Home, 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles, 72

(c) City or town Wentzville, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Martha Collins,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct. (Month) 29, (Day) 1844 (Year)

8. AGE: Years 93 | Months 9 | Days 14 | If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business Own home,

FATHER
12. Name George D. Shelton,
13. Birthplace (City, town, or county) Virginia, (State or foreign country)

MOTHER
14. Maiden name Martha Johnson,
15. Birthplace (City, town, or county) Virginia, (State or foreign country)

16. (a) Informant E. Collins,
(b) Address Wentzville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 14, (Day) 47 (Year)
(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Muschany Funeral Home,
(b) Address Wentzville, Mo.

19. (a) 8-12-47 (Date received local registrar) (b) [illegible] (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11, year 1947 hour 1 minute 40 P M.

21. I hereby certify that I attended the deceased from Feb 1, 1946 to Aug 11, 1947 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility 93 ~~20~~

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature A. J. Morlin M.D. (M. D. or other)

Address 3507 Potomac Date signed 8-12-47

(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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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.