No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36262

Registrar's No. 9454

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

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: St. Johns Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5468 Morganford Ave., (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Edna Shine

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 married

6. (b) Name of husband or wife John W.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 16th, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	6	24	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER 12. Name John Festor

13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Phillipine Kroenlein

15. Birthplace St. Louis (City, town, or county) Mo. 10 (State or foreign country)

16. (a) Informant John W. Shine

(b) Address 5468 Morganford Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/47 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) OCT 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1947 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 15, 1947 to October 10, 1947; that I last saw him alive on October 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	9/30/47
Due to 50	
Due to	
Other conditions Carcinoma of stomach (Include pregnancy within 3 months of death)	1 year?

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Bernard T. Roan (M. D. or other) MD

Address 4755 Morganford, St. Louis, Mo. Date signed 10/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Nil

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grawsi

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.