

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1947
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40172
State File No. 10739
Registrar's No.

Primary Registration District No. 1003

WRITE PLAINLY—USE 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: Masonic Home of Missouri 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)
In this community not known

3. (a) PRINT FULL NAME Elizabeth Shadley
3. (b) If veteran, name war None 3. (c) Social Security, No. None
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank L. 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Sept. 18, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 3 hr. / min.

9. Birthplace Alma, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Reis 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Marie Kaser
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 11-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) NOV 22 1947 (Date received by Registrar)
J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd. 7
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21st.
year 1947 hour 8 minut 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 7, 1947 to Nov. 21, 1947;
that I last saw her alive on Nov. 20, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 3 mos.
Due to Paralysis Agitans 1 year
Due to Diabetes Mellitus 4 years

Other conditions (Include pregnancy within 3 months of death) 61

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) _____
(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? (c) Means of injury _____

23. Signature Edouard Canouan (M. D. or other) 11/21/47.
Address 508 N. Grand Blvd. Date signed

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 Clement McNeary
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.