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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 9 1948  
318

STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43491

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

12039

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. Lukes Hospital 0  
(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..... Missouri (b) County..... 000  
 (c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. .... 5565 Maple 4  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Leah 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 Charles H. Shine 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓ About	63			hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 30, year 1947, hour 6, minute P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 30, 1947 that I last saw her alive on Dec 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Bronchial pneumonia (non  
Duration

Due to.....

Due to..... 107

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

9. Birthplace..... London England  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name..... Louis Cohen

13. Birthplace..... England 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Charles H. Shine  
 (b) Address..... 5565 Maple

17. (a) Burial (b) Date thereof..... 1-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Receiving Vault

18. (a) Signature of funeral director.....  
 (b) Address..... 5216 Delmar Blvd.

19. (a) DEC 31 1947 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations.....

Of autopsy..... no

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..... [Signature] (M. D. or other) M.D.  
 Address..... 508 N Grand Date signed 12-31-47

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

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**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 Ketter*  
.....  
Licensed Embalmer No. *3880*  
.....  
P. O. Address.....

**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.**