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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14652

Registration District No. 310

Primary Registration District No. 1003

Registrar's No. 3579

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:
1854a So. 13th St.
(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

3. (a) PRINT FULL NAME Jetta Shaver

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Shaver

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: March 11 1902
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 3 If less than one day
hr. min.

9. Birthplace: Oregon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter S. Nelson

13. Birthplace Steeleville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Spaulding

15. Birthplace Desloge Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Shaver

(b) Address 1854a So. 13th St.

17. (a) Burial (b) Date thereof 4-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 14 1948 (Date received local registrar)
J. F. Briscoe (Registrar's signature)

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")

(d) Street No. 1854a So. 13th St.
23 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3 apr 1948 to 14 apr 1948
that I last saw her alive on 8 apr 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Metastatic to liver

Due to care of I Israel

Due to _____

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

Major findings:
Of operations None

Of autopsy None

Duration 6 mo

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury None

23. Signature Keneth Cleary (M. D. physician)
Address 1935 Park Date signed 14 Apr 48

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.