

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14160

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3842

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>4385 Maryland Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4385 Maryland Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>B.</u> c. (Last) <u>Shelp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 28, 1861</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday <u>88</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Willmington Delaware</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Shelp.</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Maude G. Shelp.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard B. Shelp, Jr. 484 Lake Ave.,</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia both Lower Lobes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>3 mos?</u> <u>7 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>107</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H 520</u>	

22. I hereby certify that I attended the deceased from 1-15- 1949, to 4-28- 1949, that I last saw the deceased alive on 4-28- 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert Kaplan M.D.</u>		23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>4-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 30/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	

DATE REC'D BY LOCAL REG. <u>APR 29 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons - 7233 Delmar Blvd.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10 - 1:30 P.M.

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.....

Student Embalmer No.

working under my personal supervision.

Signed Clarence A. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.