

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **3020**  
 Registrar's No. **513**

FILED JAN 26 1950

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>3020</b>		Registrar's No. <b>513</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. LENGTH OF STAY (in this place) <b>11 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4504<sup>th</sup> KENNERLY</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ora</b>			b. (Middle) _____			c. (Last) <b>Shannon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15 1950</b>				
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV. 25, 1873</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b>		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>HOPKINSVILLE KY</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>DUDLEY BLEWETT</b>				13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Buelah Britton</b> ADDRESS <b>4504<sup>th</sup> KENNERLY</b>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</b>													
ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b>													
DUE TO (c) <b>None</b>													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
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) <b>4504</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <b>12-21</b> , 19 <b>49</b> , to <b>1-15</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-15</b> , 19 <b>50</b> , and that death occurred at <b>8 a</b> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>James J. Hebrusko</b>						23b. ADDRESS <b>2601 N Whittier St</b>			23c. DATE SIGNED <b>1-16-50</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 20. 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>					
DATE REC'D BY LOCAL <b>JAN 17 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PETTIS FUNERAL HOME 4181 WASHINGTON</b>							

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

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.

Student .....  
Student Embalmer

Signed Euler N. Harris

Licensed Embalmer No. 4458

P. O. Address 41819 Washington

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.