

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15180

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2023	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u> c. LENGTH OF STAY (In this place) <u>34r.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perryville</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Perryville</u> d. STREET ADDRESS (If rural, give location) <u>0791</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marceline</u> b. (Middle) <u>G</u> c. (Last) <u>Shelby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-1951</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED! NEVER MARRIED, WIDOWED! DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-6-1870</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Perryville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Francis Furlin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Roger Seldman</u> ADDRESS <u>8563 Oriole</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertensive Cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) arteriosclerosis</u> <u>2) left hemiplegia due to B</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 years</u> <u>5 years</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 18, 1948</u> , to <u>April 27, 1951</u> , that I last saw the deceased alive on <u>April 23, 1951</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title) _____				23b. ADDRESS <u>8231 Clayton Rd</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>4-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Banks MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>			

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

No. 800
10-484001
4

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J E Morris.....

Licensed Embalmer No. 3360.....

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.