

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28964

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2915

1. PLACE OF DEATH a. COUNTY <u>ST. Louis 4009</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>	
b. CITY OR TOWN <u>FERGUSON</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>7 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 10-Box 881 FERGUSON MO</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 10-Box 881 FERGUSON MO</u>	
3. NAME OF DECEASED (Type or Print) <u>STELLA</u>		a. (First) <u>SHIRLEY</u>	b. (Middle) _____
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-12-51</u>	
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>MARCH-2-1886</u>
9. AGE (In years last birthday) <u>65 YRS</u>		10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>LOUIS T. WALTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. HUGHES</u>	
14. NAME OF HUSBAND OR WIFE <u>ARTHUR A. SHIRLEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louis T. Walter</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>Coronary occlusion</u> ANTECEDENT CAUSES <u>myocardial infarction</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Degenerative cardiovascular disease & decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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 building, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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 <u>12 Dec</u> , 19 <u>50</u> , to <u>12 Aug</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12 Aug</u> , 19 <u>51</u> , and that death occurred at <u>1:45 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>2228 Pleasant Ferguson Rd</u>	
23c. DATE SIGNED <u>8/12/51</u>		24a. BURLIAL OR CREMATION <u>Burial</u>	
24b. DATE <u>AUG-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>	
DATE REC'D BY LOCAL REG. <u>8-16-51</u>		REGISTERAR'S SIGNATURE <u>[Signature]</u>	
ADDRESS _____		ADDRESS <u>3125 Lafayette av</u>	

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

AUG 31 1951

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.....

Ben Hoffman

Signed.....
Student Embalmer

Licensed Embalmer No. *4366*

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.