

## STANDARD CERTIFICATE OF DEATH

State File No. **34052**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8155</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis, Missouri</b>		b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>809 Haven St.</b>		c. LENGTH OF STAY (in this place) <b>29 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>Fairy</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Shelley</b>		a. (Month) <b>8</b> (Day) <b>21</b> (Year) <b>53</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>wh.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb. 2, 1895</b>	
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b>		IF UNDER 1 YEAR Hours <b></b> Min. <b></b>		IF UNDER 1 YEAR Hours <b></b> Min. <b></b>	
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 <b>wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Borville, Kentucky!</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Isaac Donnegan</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Watkins</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Thomas Shelley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marie Mae Adam</b> ADDRESS <b>809 Haven</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis,</b>				<b>6 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>Oct 8, 1946</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Ovary - -</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>175X</b> (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <b>July 3, 1953</b> to <b>Aug. 20, 1953</b> , that I last saw the deceased alive on <b>Aug 20, 1953</b> , and that death occurred at <b>8:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W.M. Romanetsky M.D.</b> (Degree or title)				23b. ADDRESS <b>4756 S. Compton</b>		23c. DATE SIGNED <b>8-21-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Aug. 25, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo</b>	
DATE REC'D BY LOCAL REG. <b>AUG 22 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. P. Fendler Jr</b> ADDRESS <b>7128 Michigan</b>			

1887C (Licensed Embalmer's Statement on Reverse Side)

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

MS  
MAY 25 1959

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.....  
Signature of Student Embalmer

Signed *J. Allen Rawins*  
Licensed Embalmer No. *46*  
P. O. Address *W. H.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.