

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21249**
Registrar's No. **5088**

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| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. 5088 | | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0 | | c. LENGTH OF STAY (In this place) 10 Days | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Marian Hospital | | | e. STREET ADDRESS (If rural, give location) 24 2928 Lemp Avenue, | | | |
| 3. NAME OF DECEASED (Type or Print) MAE | | a. (First) | b. (Middle) | c. (Last) SHUEY | 4. DATE OF DEATH June 7th, 1954, | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 14th, 1873 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR: Months Days IF UNDER 100 Hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Olney, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Lewis Terry | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Late Charles Shuey | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Robert Ivie, 922 S. David St., Wyoming | | |
| 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) Paralytic Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis, Cerebral DUE TO (c) auricular flutter coronary occlusion, coronary thrombosis II. OTHER SIGNIFICANT CONDITIONS Blind - Rt Eye Glaucoma cataract Lt Eye Glaucoma arterio sclerosis | | | INTERVAL BETWEEN ONSET AND DEATH May 29, 1954 may 29, 1954 April 26 1954 4 years | |
| 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) | | |
| 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? 4201 | | |
| 22. I hereby certify that I attended the deceased from Feb 22, 1951 , to June 7, 1954 , that I last saw the deceased alive on June 7, 1954 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) Leroy E. Ellison MD 0 | | | 23b. ADDRESS 3610 So Broadway St. Louis Mo | | 23c. DATE SIGNED June 8, 1954 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - motor | | 24b. DATE 6/9/54 | 24c. NAME OF CEMETERY OR CREMATORY Gardner Cemetery | | 24d. LOCATION (City, town, or county) (State) Olney, Illinois | |
| DATE REC'D BY LOCAL REG. JUN 8 1954 | | REGISTRAR'S SIGNATURE Carl Smith MD | | FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo. | | |

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 Signature of Student Embalmer

Signed *John A. Melnar* Licensed Embalmer No. 4186

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