

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42610**
Registrar's No. **11299**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42610		Registrar's No. 11299				
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, Mo.			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Margaretta Nursing Home				e. STREET ADDRESS (If rural, give location) 6107 Waterman								
3. NAME OF DECEASED (Type or Print) Marie Shamleffer				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 23, 1881		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Dennis O'Leary				13b. MOTHER'S MAIDEN NAME Ellen Barry			14. NAME OF HUSBAND OR WIFE Byron Shamleffer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME R. E. Shamleffer						ADDRESS 6107 Waterman	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Nephritis & Diabetes DUE TO (b) hypertension and diabetes DUE TO (c) also interstitial Nephritis A.M. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 44bx								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) _____ m.		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 _____ ¹⁰⁻⁵¹ to _____ ¹²⁻²⁴ , 1955, that I last saw the deceased alive on <u>12-23</u> , 1955, and that death occurred at <u>710a</u> m., from the causes and on the date stated above.												
23a. SIGNATURE Wm. B. Kountz (Degree or title) W.D. M.D.					23b. ADDRESS 4500 Alcott			23c. DATE SIGNED 12-25-55				
24a. BURIAL, CREMATION REMOVAL		24b. DATE 12-27-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum			24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.					
DATE REC'D BY LOCAL REG. DEC 27 1955		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
William D. Goller Jr.

Licensed Embalmer No. *119*

P. O. Address.....
119

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.