

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-008724

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 834 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 15 Min.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY St. Clair
 c. CITY OR TOWN Lovejoy Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 214 Canal St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
BABY Shelby
 4. DATE OF DEATH Month / Day Year
January 15 1962
 5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1-15-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 15
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY United States
 13a. FATHER'S NAME Claude Edward Shelby 13b. MOTHER'S MAIDEN NAME Montrula Louise Shields 14. NAME OF HUSBAND OR WIFE None
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Montrula L. Shelby, 214 Canal, Lovejoy, Ill. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hydrops Fetalis, severe INTERVAL BETWEEN ONSET AND DEATH 15 mins
 DUE TO (b) Rh incompatibility
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 770.0
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
 21. I attended the deceased from 2:55 pm 1-15-62 to 3:10 pm 1-15-62 and last saw her ^{her} ₁₉₆₁ alive on Jan. 15, 1962
 Death occurred at 3:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bill J. Floyd M.D. 22b. ADDRESS 630 S. Kingshighway Blvd. 22c. DATE SIGNED 1-17-62
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/18/62 23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory 23d. LOCATION (City, town, or county) (State) Stookey Township, Illinois

24. FUNERAL DIRECTOR Marion Office ADDRESS 2114 Missouri Ave. East St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. JAN 19 1962 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Frank Prokes pf

Licensed Embalmer No. 4386

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.