FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34447 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2215

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wellston — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6413 Page Ave — Length of stay in 1b: 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Wellston 4311 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 6413 Page Avenue — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First IDA Middle MAY Last SHELLEY

4. DATE OF DEATH: Month Sept Day 4, Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 DIVORCED ☐
8. DATE OF BIRTH: Oct 19, 1861
9. AGE (In years last birthday): 95 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Hazel Run Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Jones
14. MOTHER'S MAIDEN NAME: Isabell Fenneker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Walter C, Shelley, 6413 Page Avenue.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 1 yr
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 April 1956 to Aug. 24-57 and last saw her/him alive on Aug 24-57
Death occurred at 5:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H H Shackelford M.D
22b. ADDRESS: 3903 Olive
22c. DATE SIGNED: 9/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 5, 1957
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave
25. DATE RECD. BY LOCAL REG.: 9-5-57
26. REGISTRAR'S SIGNATURE: Herbert R. Dombe M.D.

(Licensed Embalmer's Statement on Reverse Side)

· USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
· Doctor, Coroner, etc.—Must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Edward Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.