

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33160

**1. PLACE OF DEATH**

County.....

Registration District No. 781

Township.....

Primary Registration District No. 6008

City St. Louis

(No. 500 St. Louis Children's Hosp)

File No. ....

Registered No. 10063

St. .... Ward)

**2. FULL NAME** Myra Shell

(a) Residence. No. 2523 N. 23rd St., 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-24-26

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>4</u>	<u>10</u>	<u>4</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER William F. Shell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lodge, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Chara Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lodge, Mo.  
(STATE OR COUNTRY)

14. INFORMANT J. Mc. Levin  
(Address) 1508 Kingshighway

15. FILED 29 1931 W. C. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28-31 19

17. I HEREBY CERTIFY, That I attended deceased from 9-22-31, 19, to 9-28-31, 19, that I last saw her alive on 9-28-31, 19, and that death occurred, on the date stated above, at 2:43 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of the Cerebrospinal Meninges

23 (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of the Lungs (duration) yrs. 3 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. 2523 N. 23rd

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Spinal Puncture  
(Signed) J. P. Adams M. D.

, 19 (Address) 500 S. Kingshighway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glenallen Mo. DATE OF BURIAL Sept 30 1931

20. UNDERTAKER Ray Leidner Mnd Co. S. Market ADDRESS 1417

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

