

REC'D JUN 9 1938

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

16316

Do not use this space.

4177

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis  
 (d) Street No. 4723 Page Boulevard St. 6  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mary L. Shaner  
4723 Page Boulevard  
 (Usual place of abode, if no street address, write county or city) St. 6 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Shaner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 0 29

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bonne Terre, Missouri

FATHER  
 13. NAME Jackson Shaner  
St. Frances County  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Loretta Fields  
St. Frances County  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT'S (ADDRESS) Allie Lou  
4347 Wame ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE May 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Truth Center Mortuary  
4024 Lindell Blvd.

20. FILED WAY - 6 1938  
JD Bredeh  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1938, 1938

22. I HEREBY CERTIFY That I attended deceased from March 7, 1938, to May 5, 1938  
 I last saw her alive on May 5, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac failure  
Chronic Myocarditis  
Cirrhosis of Liver  
 Date of onset

Other contributory causes of importance  
arterio Sclerosis  
Hypertension  
 Name of operation Autopsy Date of no  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify No  
 (Signed) W. M. Glavin, M. D.  
 (Address) 4356 Wame ave

STATEMENT BY LICENSED EMBALMER

I, Jack B. Lubben Licensed Embalmer No. 4004  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. 4004 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Jack B. Lubben  
Licensed Embalmer No. 4004

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.)