R 9 1939

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.

REC'D APR 7 1939

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

12207
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton
Registration District No. 784
Primary Registration District No. 101
Registered No. 430
(d) Street No. St. Louis County Hospital. St.
(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 Margaret Shelby.
(a) Residence, No. 6411 Ridge Ave. St.
(Usual place of abode, if no street address, write county or city)
(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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orrin Shelby.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1887.
7. AGE: YEARS 51 | MONTHS 10 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

FATHER
13. NAME: John Hearney. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 5

MOTHER
15. MAIDEN NAME: Mary Crahan. 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Mr. Orrin Shelby. 6411 Ridge Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: March 11, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED: MAR 9 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.50AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
59	

Other contributory causes of importance:
Acute broncho-pneumonia

Name of operation: clinical signs Date of: yes
What test confirmed diagnosis? Was there an autopsy?

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
(Signed) [signature] M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, 3454 David C. Gibson, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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 this body is not embalmed, above space should be left blank.