

REGISTRATION DISTRICT NO. **791**

Primary Registration District No.

Registrar's No.

**7329**

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: LAMAR HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Lily Elsie Shaner 56yr  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Roy Shaner  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased June 4, 1892 (1892)  
 (Month) (Day) (Year)

- | 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>47</u> | <u>2</u> | <u>20</u> | hr. _____ min.       |

9. Birthplace Washington County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

## 11. Industry or business \_\_\_\_\_

12. Name George Denton

13. Birthplace Washington County Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Coleman

15. Birthplace St. Francois County Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy Shaner

- (b) Address Bismarck Missouri

17. (a) Removal (b) Date thereof 8/27/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Bismarck Missouri

18. (a) Signature of funeral director Albert H. Hoppe

- (b) Address 4700 Washington Blvd.

19. (a) AUG 25 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Washington  
 (c) City or town Bismarck (Rural) **NR**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24  
 year 1939 hour 12 minute 00 p. M.

21. I hereby certify that I attended the deceased from August 22, 1939, to Aug 24, 1939, that I last saw her alive on Aug 24, 1939, and that death occurred on the date and hour stated above.

- Immediate cause of death Thyroid crisis Duration 3 hrs

- Due to Precipitated by urinary tract infection  
 Due to non-infectious  
 Other conditions crystalline - Pre-litias, non calculous

- Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 133a

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Alfred Mueller MD (M. D. or other)  
 Address HARLES HOSPITAL Date signed 8/24/39

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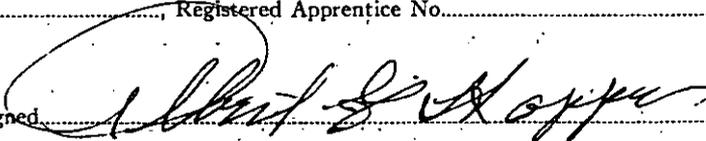
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed.....



Licensed Embalmer No. ....

2971

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.**