

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

34679

Registrar's No. _____

9217

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3925a N 20th St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether)
 In this community Unknown
 years, months or days

3. (a) PRINT FULL NAME Bertha Shane 500

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lewis F. Shame (deceased) 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased June 3, 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Waterloo, Ills.
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Borntraeger
 13. Birthplace Germany (State or foreign country)
 14. Maiden name Louise Acker
 15. Birthplace Germany (State or foreign country)

16. (a) Informant's own signature Mr Emil H. Kroemeke

(b) Address 3925 N. 20th St.

17. (a) Burial (b) Date thereof 10-30-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 27 1939 (b) J. F. Brudbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3925a N 20th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
 year 1939 hour 12:30 PM minutes _____ M.

21. I hereby certify that I attended the deceased from Oct 18
1939, to Oct 26, 1939
 that I last saw her alive on Oct 25, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration ?

Due to PIH
 Due to _____

Other conditions Angina Pectoris
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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?

(Specify type of place)
 While at work? ? (e) Means of injury _____
 23. Signature F. J. Mellies (M. D. or other) _____
 Address 3925 N. 20th Date signed 10/27/39

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.....

Thomas H. Smith

Licensed Embalmer No. 2967

P. O. Address *H. J. Smith, Ind.*

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.