

FILED AUG 5 1940
784

Registration District No. 784 Primary Registration District No. 106

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
419 W Rose Hill Ave
(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 Millie Caroline Shaffer 160

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife George Shaffer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 10 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	5	24	hr. _____ min.
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9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jophis A. Matthews
(b) Address 419 W Rose Hill Ave Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-40
(Month) (Day) (Year)

(c) Place: burial or cremation Cok Hill

18. (a) Signature of funeral director Louis H. Bagg
(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) JUL 5 - 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 419 West Rose Hill Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 4, 1940, that I last saw her alive on July 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 da

Due to _____

Due to _____

Other conditions Chr Myocarditis ?
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

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)
(1) While at work? (2) Means of injury

23. Signature [Signature] (M. D. or other) _____
Address Kirkwood Date signed July 4

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.....

Louis H. Boff

....., Registered Apprentice No.

working under my personal supervision.

Signed

Louis H. Boff

Licensed Embalmer No.

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P. O. Address

Kirkwood Mo

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.