

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **36955**
Registrar's No. **9228**

Registration District No. **791**
Primary Registration District No. **1003**

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

FILED DEC 17 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4103 a Lafayette
(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 **Ella Warnock Shy**
(b) If veteran, name war _____
(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 **James Shy**
6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **March 18, 1895**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **19**
If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Samuel Cross**

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

14. Maiden name **Edith Nicholas**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Louise Shy**
(b) Address **4103a Lafayette**

17. (a) **Burial** (b) Date thereof **11/11/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles**
(d) Signature of funeral director **Edith E. Ambruster**
(b) Address **4234 Manchester**
(a) **NOV 9 1940** (b) *J.F. Budner*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4103a Lafayette**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **7**
year **1940** hour **8.50** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 15**
_____, 19**39**, to **Nov 7**, 19**40**
that I last saw her alive on **Nov 7**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus Coma**
Chronic Myocarditis
Duration **indist**

Other conditions **Hemiplegia Nov 16/39**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**
Of autopsy **no**
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Harry H. Meyer** (M. D. or other) _____
Address **4903 Delmar** Date signed **11/8/40**

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Flora Eynck

..... Licensed Embalmer No. 1284.....

..... P. O. Address St Louis 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, fact should be so stated above.