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4-41  
7-39  
X26390

FILED MAY 13 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

3099

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: St Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0085  
(c) City or town St Louis  
(d) Street No. 1515 Kellston Ave  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

BABY SHEBLE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color of race White

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased April 6 1941  
(Month) (Day) (Year)

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

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business nil

12. Name John Shelle

13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Edna Vera Merriman

15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Shelle

(b) Address 1558 Kellston Ave

17. (a) Burial (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Charles

18. (a) Signature of funeral director Charles

(b) Address 425 Franklin

19. (a) APR 10 1941 (b) J. H. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1941 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from apr 8 1941  
6 1941 to apr 8 1941  
that I last saw him alive on apr 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial hemorrhage Duration 48 hrs

Due to \_\_\_\_\_  
Due to Birth injury

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 O. H. Hiseaman (M. D. or other) MI  
Address 4126 1/2 Phoen Ave Date signed 4-9-41

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

MOTHER FATHER

**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**