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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12834

FILED MAY 13 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3264

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: 3225 No. Florissant Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 201

(c) City or town St. Louis. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ellen R. Shields.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 24, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	10	hr. min.

9. Birthplace Kentucky. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business

FATHER
12. Name Cornelius Shields.
13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Pine.
15. Birthplace Ireland. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Little Sisters of Poor.
(b) Address 3225 No. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) APR 15 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, year 1941 hour 8 00 minute P. M.

21. I hereby certify that I attended the deceased from May 30, 1941 to April 14, 1941, that I last saw her alive on April 14, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 Mos
Due to	
Due to	
Other conditions Arteriosclerosis (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 Anthony A. Chekowski (M. D. or other) M. D.
Address 1525 a Cass Ave Date signed 4/15/41

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.