

SEP 17 1941 791
Registration District No.

Primary Registration District No.

1. **DATE OF DEATH** SEP 17 1941
(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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days) 27 years

3. (a) PRINT FULL NAME Henry B. Shrewsbury
3. (b) If veteran, name war No
8. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 15
If less than one day hr. _____ min.

9. Birthplace Morgan County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Michael Shrewsbury
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Betsy Henderson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Shrewsbury
(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof 8-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thionopolis, Ill.

18. (a) Signature of funeral director Joseph Cassidy
(b) Address 1101 N. 8th St. E. St. Louis, Ill.

19. AUG 25 1941 (b) J. M. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 1725
(If outside city or town limits, write "RURAL")
(d) Street No. 107 N. 6th ST.
(If rural, give location) No Attending Physician
(e) If foreign born, how long in U. S. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22
year 1941 hour 12: minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pneumonia
Fracture of Left Femur
Subdural Hemorrhage
Called in and fell to floor at
City Pharmacy on Aug 6-1941
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Manner findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 6-1941 000
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Thomas J. Callahan (a. b. or other)
Address Deputy Coroner Date signed 8/23/41

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

1941

6870
0789

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.