S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40030

FILED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9740

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

**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:
4629 San Francisco 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 17

(c) City or town ZSt. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4629 San Francisco Ave., 0
(If rural, give location)

(e) Citizen of foreign country? 07 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY JANE SHOCKEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Thomas Shockey

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

7. Birth date of deceased January (Month) 17 (Day) 1850 (Year)

8. AGE: Years 91 Months 10 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name Samuel a Todd
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Jane Fawk
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Isabel Phelps
(b) Address 4679 San Francisco

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

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Akron L & U Co.
(b) Address 2707 N. Grand Blv'd

19. (a) DEC 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 6
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 10-8-1941
..... 19..., to 12-6 1941;
that I last saw her alive on 12-5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Senility

Due to

Other conditions chronic cystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) No.
(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 Irvin I. Berwald (M. D. or other) M.D.
Address 4155 N. Newstead Date signed

(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 Paul F. Knoblenberg

Licensed Embalmer No. 263

P. O. Address 3707 N Grand

**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.**