

FILED FEB 24 1942

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Ann's Maternity Home 4
(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 St. Louis 000
(c) City or town St. Louis 5-17
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Olive Avenue 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATIE MAY SHORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 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 April 19th 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>16</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Dr. John Shore

13. Birthplace St. Petersburg Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Theodora Howell

15. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Coppinger

(b) Address 5810 Reamly St. Louis Mo.

17. (a) Burial (b) Date thereof Jan 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Borromeo Cemetery St. Charles, Mo.

18. (a) Signature of funeral director Harmon - Blair

(b) Address 326 N. 6th St - St. Louis Mo.

19. (a) JAN 6 1942 (Date received by registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1942 hour 11 minute - A.M.

21. I hereby certify that I attended the deceased from Jan 13, 1941 to Jan 5, 1942

that I last saw her alive on Jan 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Duration 7 days

Due to Carcinoma of Left Kidney

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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) _____

(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 B. Kurd (M. D. or other)

Address 206 N. Grand St Date signed _____

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

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 Arthur C. Bane

Licensed Embalmer No. 3155

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.