

FILED DEC 11 1942
318

Registration District No. _____ Primary Registration District No. **1**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **68 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **2628 Papin St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Lucy Shelby**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widower 2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 27, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) **Miss.** (State or foreign country)

10. Usual occupation _____

11. Industry or business **Nil**

12. Name **John King**

13. Birthplace _____ (City, town, or county) **Va.** (State or foreign country)

14. Maiden name **Jane Alexander**

15. Birthplace _____ (City, town, or county) **Unknown 9** (State or foreign country)

16. (a) Informant **Shirley M. Smith**

(b) Address **2601 N. Whittier**

(c) Date of burial, cremation, or removal **November 11-10-42**
(Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. Wright**

(b) Address **350 E. 12th**

19. (a) **NOV 20 1942** (Date received for local use) (b) **J. J. Melnick** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **5,**
year **1942** hour **11** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **November 1,** 19**42** to **November 5,** 19**42**
that I last saw her alive on **November 5,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Heart Disease with Decompensation.**

Due to _____

Due to _____

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? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **J. E. Smith** (M. D. or other) _____
Address **2601 N. Whittier** Date signed **11/7/42**

Duration **Unknown**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

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.