

S. No. 2
M-5-42
V. 5-17-31
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

83494

ED JUL 31 1943 318

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 6629

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:
5089 MINERVA 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..... MO..... (b) County.....
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17
9 6

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No..... 5089 MINERVA AVE.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0

If yes, name country.....

3. (a) PRINT FULL NAME..... RICHARD S. SHIELDS

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex..... MALE

5. Color or race..... WHITE

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

6. (b) Name of husband or wife..... ROSE MARY SHIELDS

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

7. Birth date of deceased..... JULY 17, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	4	hr. min.

9. Birthplace..... ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... RETIRED BOOKKEEPER

11. Industry or business.....

12. Name..... JAMES SHIELDS

13. Birthplace..... IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name..... CATHERINE MOORE

15. Birthplace..... IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... J. KING SHIELDS

(b) Address..... 5089 MINERVA AVE

17. (a) BURIAL (b) Date thereof..... 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CALVARY CEMETERY

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 3840 Lindbergh Blvd

19. (a) JUL 22 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 3, 1942, to Jul 21, 1943, that I last saw him alive on July 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of colon 19

Due to..... Cause unknown

Due to.....

Other conditions..... H/O
(Include pregnancy within 3 months of death)

Major findings: Abscess from carcinoma perforation of transverse colon

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?.....

While at work..... (Specify type of place)

(e) Means of injury.....

23. Signature..... Registrar's name (M.D. or other)

Address..... 117 N. Grand Date signed..... Jul 22 45

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

MOTHER FATHER

2-6
C. Howard

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 Lucille

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.