

**D AUG 30 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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:  
**6337A Virginia Avenue.**  
(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 \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6337A Virginia Avenue.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lillie Althen Shotwell**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W**  
6. (a) Single, widowed, married. **2 divorced, widowed**  
6. (b) Name of husband or wife **Montgomery** 6. (c) Age of husband or wife if alive years **23** years **1867**  
7. Birth date of deceased. **August 23 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75 11 30** hr. min.

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Jacob Henery**  
13. Birthplace **Louisville, Kentucky**  
(City, town, or county, State or foreign country)  
14. Maiden name **Euphonia Henley**  
15. Birthplace **Virginia**  
(City, town, or county, State or foreign country)

16. (a) Informant **Mrs. Maelane Von Nahmen,**  
(b) Address **6337A Virginia Avenue.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **AUG. 25-1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Vahalla Mausoleum**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**  
(b) Address **7814 South Broadway, St. Louis, Mo.**

19. (a) **AUG 23 1943** (Date received local registrar) (b) **J. F. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **8** day **22**  
year **1943** hour **11:00** minute **20 P. M.**  
21. I hereby certify that I attended the deceased from **8-12**, 1943 to **8-22**, 1943  
that I last saw her alive on **8-21**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
**Hypertension**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **88**  
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) \_\_\_\_\_  
(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)  
(a) Means of injury \_\_\_\_\_  
23. Signature **Joseph Schuber** (M. D. or other) \_\_\_\_\_  
Address **505 University Club** Date signed **8/23/43**

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

Dr. Jos. Schaefer  
University Club Bldg.,  
Newstead 3957

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.....

*Paul A. Shanklin* Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *7708 Road*

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.