

FILED OCT 22 1943
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8997

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Marys Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days
years, months or days

3. (a) PRINT FULL NAME JANIE Shegog
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race Colored
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 Oct 4 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____
12. Name Eddie Shegog
13. Birthplace Town Creek Cal.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Shimmer
15. Birthplace Carbon Dale Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Shegog
(b) Address Brooklyn Ill.
17. (a) Removal (b) Date thereof Oct 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Madison East St. Louis Ill.
19. (a) OCT 12 1943 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County St. Louis
(c) City or town Brooklyn N. Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 480 Canal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10
year 1943 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from Oct 5 to Oct 10, 1943
that I last saw him alive on Oct 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Infection
Scarlet
Due to _____
Due to _____

Other conditions Chorea
(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?
While at work? _____ (Specify type of place) Means of injury D
28. Signature W. Pearl Green (M. D. or other) _____
Address St. Louis Ill. Date signed 10/11/43

Duration 5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldurin

Licensed Embalmer No. 2420

P. O. Address E. Harris Hill

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, above space should be left blank.