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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 106916  
Registrar's No. 634

FILED MAR 26 1945

Registration District No. 3945 Primary Registration District No. 3069

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 26 Lake Forest  
(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

3. (a) PRINT FULL NAME Martha Alice Shutt  
3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

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 Jan. 30, 1916  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
29 1 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

MOTHER FATHER { 12. Name Cleveland H. Shutt,  
13. Birthplace DeKalb Co., Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Alice Bock  
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Cleveland H. Shutt, M. D.

(b) Address 26 Lake Forest,

17. (a) Cremation (b) Date thereof 3/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 9 1945 (b) E. G. McAVRAN M.D. M.P.H.  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")  
(d) Street No. 26 Lake Forest (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1945 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from Aug. 1, 1944, to March 3, 1945,  
that I last saw her alive on March 1, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic toxic hepatitis

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Confirmed diagnosis

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) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E. G. McAvran (M. D. \_\_\_\_\_)  
Address 8551 Concord Ave. Date signed 3/4

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

307  
2/26/48

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1907

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: Edward J. Bookhorn

Licensed Embalmer No. 2502

P. O. Address. Clayton 240

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.