S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29062

FILED SEP 3 1946

Registration District No. 2 — Primary Registration District No. 1003 — Registrar's No. 7428

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 7020 Minnesota Ave., 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Timothy Shay

3. (b) If veteran, name war: Spanish

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Christina Shay

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years: Abt. 71 — Months — Days — If less than one day: hr. min.

9. Birthplace: New York (City, town, or county) (State or foreign country)

10. Usual occupation: Retired 20 yrs Teamster

11. Industry or business

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Mary (Unknown)

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

16. (a) Informant: Mrs. Catherine Shay

(b) Address: 7020 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Parklawn Cemetery

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 S. Grand Blvd.,

19. (a) AUG 27 1946 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1946 hour 4 p.m. minute M.

21. I hereby certify that I attended the deceased from Jan. 17, 1938, to Aug 25, 1946 that I last saw him alive on Aug. 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis — Duration

Due to: 106A

Due to:

Other conditions (Include pregnancy within 3 months of death): acute tonsillitis and acute bronchitis

Major findings:
Of operations:

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Chas. E. Paule (M. D. or other)

Address: 7806 So. Broadway Date signed: 8-26-46

(Licensed Embalmer's Statement on Reverse Side)

DR. CHAS PAULE
7806 S. BRDY.
LO 2960.

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 J. Wm Bunsley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.