

FILED SEP 9 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7380**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mississippi River - Foot of Carroll St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 438 N. 83rd Str.,
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joyce Shellito

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 8 - 6-1930
(Month) (Day) (Year)

8. AGE: Years 16 Months 0 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Bottle Packer

11. Industry or business Obear Nester Glass Co.

12. Name Ralph W. Shellito

13. Birthplace Espyville Panna.
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Reeder

15. Birthplace Farmington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen P. Haigand

(b) Address E. St. Louis, Ill.

17. (a) Removal (b) Date thereof 8-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address E. St. Louis, Ill.

19. (a) AUG 26 1946 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death asphyxiation due to drowning when she jumped from Eads Bridge into the Mississippi River Aug. 9 1946 about 12:30 pm Duration _____

Other conditions (Include pregnancy within 6 months of death) _____

Major findings: [Signature] 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) suicide

(b) Date of occurrence Aug 21 1946

(c) Where did injury occur? St. Louis (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 see above

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 8/26/46

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

MOTHER FATHER

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.....

not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Phillip H. Ogden*.....

Licensed Embalmer No. *7091*.....

P. O. Address *E. J. Harris & Co.*.....

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.