

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32212**
811E
Registrar's No.

FILED SEP 30 1946
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6320 West Park /
(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 **Laura Shaffrey**
3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife **John W.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 5 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 15 hr. min.

9. Birthplace **Washington Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business
12. Name **Edward Schreiber**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Shaffrey**
(b) Address **6320 West Park**

17. (a) **Burial** (b) Date thereof **9 23 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **SEP 20 1946** (b) **J. F. Wade**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **417**
(If outside city or town limits, write "RURAL")
(d) Street No. **6320 West Park** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sep't.** day **20th**
year **1946** hour **7:20** minute **A.M.**
21. I hereby certify that I attended the deceased from
Nov. 23, 45, 19**45**, to **Sept. 19,** 19**46**.
that I last saw her alive on **Sept. 19,** 19**46**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage R** Duration
Due to **Arteriosclerotic Heart**
Due to **Hypertension** **93**
Other conditions **Pneumonia Terminal**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no**
Of autopsy **no**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) **no**
(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) (Specify type of injury)
23. Signature **James P. Wade** (M. D. or other)
Address **100 Missouri Bldg.** Date signed **9/20/46**
James P. Wade

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard W. Storsoand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.