S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15648

Registration District No. 318 Primary Registration District No. 1004 Registrar's No. 4353

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2908 Caroline St.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Sandra Marie Shotwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 20 (Day) 1947 (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Curtis Shotwell
13. Birthplace West Point (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Carrie Lee Johnson
15. Birthplace North Little Rock Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant E. M. Sherard, R.R.L. 1 Dunsee
(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. J. Watson
(b) Address 2769 Shoreline

19. (a) APR 29 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 4 minute 20 p.M.

21. I hereby certify that I attended the deceased from 7:44P.M. 4-20, 1947, to 4:20P.M. 4-27 1947;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Lobar Pneumonia, Rt.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Lungs-Congestion and Edema
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Theodore Blevins (M.D. or other)
Address 2601 N Whittier Date signed 4/29/47

(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.