S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26051

State File No. .....
Registrar's No. 6788

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ~~St Louis, Mo.~~
(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 Phillip Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County Ave
(c) City or town St. Louis, Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3719 Page Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lois Shanklin
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 14 1928 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
18	3	2	..... hr. ..... min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business .....
FATHER
12. Name Jesse Shanklin
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Joe Lisa Nelson
15. Birthplace Florence Ala. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mary Nelson
(b) Address 3719 Page Ave.
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 4503 Delmar Blvd
19. (a) JUL 19 1947 (Date received local registrar)
(b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day July
year 1947 hour 12:51 minute P:m M.
21. I hereby certify that I attended the deceased from
At Homer Phillip Hospital, 19....
that I last saw her alive on July 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
From shock
Contrib Manual Delivery and Preg
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
149
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 B
23. Signature Dr Alfred J Kerry (M. D. or other)
Address Deputy Coroner Date signed 7-18-47

Jefferson City Printing Co.
(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.....Vera Thompson Wilson.....

Licensed Embalmer No.....4435.....

P. O. Address.....4738 A Vernon

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.