

No. 2
-12-43
S-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36710

FILED OCT 20 1947

Registration District No. 3727

Primary Registration District No. 6076

Registrar's No. 2192

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mt. St. Rose Sanitorium
(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 St. Louis 96

(c) City or town Bridgeton
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANONA SHIPLEY

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leon Shipley

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 3 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Baldwin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Max Linders

13. Birthplace Baldwin Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emma Harmon

15. Birthplace Randolph Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant J. Louis Falkenheim

(b) Address Baldwin, Illinois.

17. (a) Removal (b) Date thereof 10-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 10-17-47 (b) Carole S. Humphreys
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1947 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 28
1946 to Oct. 14 1947
that I last saw her alive on Oct. 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 yrs.

Due to 136

Due to _____

Other conditions (Include pregnancy within 5 months of death)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Mosias Okamoto MD (M.D. or other) 0
Address 9101 So. Broadway Date signed 10-15-47

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

NOV 21 1947

APR 9 1948

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

Ernest W. Spillars
.....
Licensed Embalmer No. *4080*
.....
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.