. S. No. 2
DM—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 DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43488
Registrar's No. 11660

Registration District No. 318 Primary Registration District No. 1003

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 5034 Terry Ave. (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5034 Terry Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lulu B. Shell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph Baxter Shell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 24 (Day) 1885 (Year)

8. AGE: Years 62 Months 9 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name August Miller
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Hoge
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Miss Lorraine Shell
(b) Address 5034 Terry Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19th year 1947 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from June 23, 1946 to December 19, 1947; that I last saw him alive on December, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	1½ yrs.
Due to: General Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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

23. Signature A. R. Shuffle (M. D. or other)
Address 634 N. Grand, St. Louis, Mo. Date signed 12/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

~~Dr. Clarence E. Mueller~~ ( )
1022 Mo. Theatre Bldg.
a R, Shrafflen
8 30 to 10 & 2-4 more.

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 Warren A Carver

Licensed Embalmer No. 3534

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.