S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3087

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 619

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

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: Peoples Hosp. 7 days.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St Clair 999
(c) City or town Brooklyn 11
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Jefferson St. 0
U.R. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mary Shefield
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 10 (Day) 1880 (Year)

8. AGE: Years 67 Months 9 Days 9 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business at Home
FATHER
12. Name John Austin 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Christiana Parks.
(b) Address 510 Jefferson St. Brooklyn Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill.
18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1948 to Jan 19, 1948;
that I last saw her alive on Jan. 19, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Cerebral
(Cerebral Hemorrage)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Livingston Date signed Jan 20 1948

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 Thomas Marshall Watson Registered Apprentice No. 492, working under my personal supervision.

Signed Lydia V Hughes

Licensed Embalmer No. 2938

P. O. Address St Louis Mo

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.