

No. 2
-1/47
-17-39

FILED JAN 22 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1425 Walton Street. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **Life** ; (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**..... (b) County..... **000**
(c) City or town **St. Louis**..... **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1425 Walton Street.** **9**
6 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Hattie L. Shook**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George W. Shook** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **February 22, 1889**
(Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **19** If less than one day
hr. min.

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

10. Usual occupation **Domestic.**

11. Industry or business **Home**

12. Name **William Jones**

13. Birthplace **? Virginia** (City, town, or county) (State or foreign country)

14. Maiden name **Hattie Jones**

15. Birthplace **? Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **George W. Shook.**

(b) Address **1425 Walton Street.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/16/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cemetery**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **1416 N. Taylor Ave.**

19. (a) **JAN 14 1948** (Date received local registrar) **J. P. Brebeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11** year **1948** hour **2** minute **10 P.**
21. I hereby certify that I attended the deceased from **Dec 3** 19 **48** to **1-11** 19 **48**
that I last saw her alive on **1-11** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Heart failure**
Due to..... **Rheumatic Heart disease**
Other conditions..... **95**
(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 **Wm Smiley** (M. D. or other) **1**
Address **405-a-Easton** Date signed **1-13-48**

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

MOTHER FATHER

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 Fulton E. Culkin

Licensed Embalmer No. 1198

P. O. Address Stearns B3 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.