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10-47  
17-39  
I 3908

State File No. 2

FILED NOV 9 1948

Registration District No. 3

Primary Registration District No. 6075

Registrar's No. 2455

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Jennings

(c) Name of hospital or institution: 7306 Jenwood Ave.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 43 years.  
(Specify whether years, months or days)

In this community 43 years.

3. (a) PRINT FULL NAME Mr. William Shipley

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 11th, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>11</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Alfred Shipley

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

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Shipley

(b) Address 7306 Jenwood Ave.

17. (a) Burial (b) Date thereof 10-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 10-25-48 (b) Gene E. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 7306 Jenwood Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.  
year 1948 hour 8:00 PM minute  M.

21. I hereby certify that I attended the deceased from Sept. 11 1948 to Oct. 22 1948  
that I last saw him alive on Oct. 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 9, 3, 2

Other conditions Myocarditis  
(Include pregnancy within 3 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?

(e) Means of injury

While at work? (Specify type of place)

23. Signature Paul E. Courtney (M. D. or other) M.D.

Address 6303 Isabelle Date signed 10/23/48

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

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**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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis Ave

**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.**