

DEPARTMENT OF THE CENSUS
FILED OCT 26 1948

State File No. _____

Registration District No. 319

Primary Registration District No. 6079

Registrar's No. 62

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE
(b) City or town ST. GENEVIEVE T. 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 S. BROADWAY, ST. LOUIS, MO. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. GENEVIEVE
(c) City or town ST. GENEVIEVE Rural
City (If outside city or town limits, write "RURAL")
(d) Street No. 1212 S. BROADWAY - St. Louis, Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA SHAVER

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 MARRIED
6. (b) Name of husband or wife WILLIAM R. SHAVER 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased AGL 1X 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 1 29 hr. _____ min.

9. Birthplace RANDOLPH CO ARK
(City, town, or county) (State or foreign country)

10. Usual occupation FACTORY WORKER

11. Industry or business _____

12. Name CLEAVE BERRY
13. Birthplace ARK
(City, town, or county) (State or foreign country)
14. Maiden name ESTHER PARR
15. Birthplace ARK
(City, town, or county) (State or foreign country)

16. (a) Informant FAMILY RECORD
(b) Address INGRAM ARK

17. (a) REMOVAL (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation INGRAM ARK

18. (a) Signature of funeral director M. C. McNeill

(b) Address Cochran, Ark

19. (a) 10-15-48 (b) James M. Stael
(Data received local registrar) (Registrar's signature) 350

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 9
year 1948 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
FRACTURED SKULL CAUSED BY
AUTO COLLISION ON HIGHWAY 425 MO

Due to ST. GENEVIEVE MO

(VERDICT OF JURY)
Due to Internal injury
Auto + Truck.

Other conditions _____
(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) ACCIDENT 95

(b) Date of occurrence OCT 9 1948

(c) Where did injury occur? ST. GENEVIEVE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC PLACE

While at work? NO (Specify type of place) (e) Means of injury 3

23. Signature Geo C. Bashe, Coroner (M., D., or other)
Address St. Genevieve Mo Date signed 10/10/48

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

REIVED

Officer No. 4
Number 1048-1327
10-25-48

NOV 8 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 Homer E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Spawna
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.