

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL

(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 Jefferson

(c) City or town Rural

(d) Street No. Merimaec Township

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH SHAFREY

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1948 hour 10 minutes 20 A.M.

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

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 18 1862

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

Immediate cause of death _____

8. AGE: Years 86 Months 2 Days 4 If less than one day _____ hr. _____ min.

Due to Cerebral Apoplexy

Due to _____

9. Birthplace Byrnsville MO

10. Usual occupation Housewife in own home

Other conditions _____

Major findings: _____

11. Industry or business _____

12. Name Mathew Shafrey

13. Birthplace IRELAND

14. Maiden name Mary Jane O'Brien

15. Birthplace Delaware

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Phyllis GRAHAM

(b) Address 400 3/4 GARFIELD, ST. LOUIS

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Columbill Cem

18. (a) Signature of funeral director John H. Brimmer

(b) Address House Springs, Mo

19. (a) DEC 24 1948 (b) _____ (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John E. ... (M. D. or other) _____

Address _____ Date signed 12/24/48

11136

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 Ronald A. C. Johnson

Licensed Embalmer No. 2917

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.