No. 300
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6687
1522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 12-29-49 to 2-15-49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
d. STREET ADDRESS (If rural, give location) 3123 Eads Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Nellie
b. (Middle) L.
c. (Last) Shelley

4. DATE OF DEATH (Month) (Day) (Year) 2-15-49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH JAN 4 1878
9. AGE (In years last birthday) 71 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Unemployed
11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Lynch
13b. MOTHER'S MAIDEN NAME Winifred Garner
14. NAME OF HUSBAND OR WIFE John T. Shelley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Manogue — **ADDRESS** 1612 S. Compton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia-Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure
DUE TO (c) Pernicious Anemia 73 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29-49, *1948*, *to* 2-15-49, *1949*, *that I last saw the deceased alive on* 2-15-49, *1949*, *and that death occurred at* 9:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John J. Inkly **(Degree or title)** M.D.
23b. ADDRESS 1325 S Grand
23c. DATE SIGNED 2/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 18-49
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. FEB 21
REGISTRAR'S SIGNATURE J. B. Lancaster
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur **ADDRESS** 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed _____
Student Embalmer

Signed Jos B Vollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.

State of Mo } ss.
County of

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. [illegible]
Local Registrar's No. 1522

On this 28 day of March, 1949, before me appears E.J.Schnur, who, upon her oath, states that the original record of ~~birth~~ death for Nellie Shelley ~~born~~ died Feb. 15, 1949, in the State of Missouri, and which was filed at St.Louis,Mo on Feb.16, 1949, should be corrected as follows:

Item No. 3 should read Nellie L. Shelley
Instead of Nellie Shelley

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Schnur Undertaker
Relationship.

3125 Lafayette Ave
Present Address.

Subscribed and sworn to before me this 28 day of March, 1949

My Commission expires Dec 6 1952 Bernard F. Pollmer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—4-43
P1 X36667