

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36814

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9443</u>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2209				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2717<sup>2</sup> ELLIOTT AVE</u>				d. STREET ADDRESS (If rural, give location) <u>20 2717<sup>2</sup> ELLIOTT AVE</u>						
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>			a. (First)		b. (Middle) <u>SHELL</u>		c. (Last)			
4. DATE OF DEATH		(Month) (Day) (Year)		<u>10-12-52</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>7-20-1864</u>		9. AGE (In years last birthday) <u>88</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CAIRO, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>W<sup>M</sup> PAULEY</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK SHELL</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phela Anderson</u>				ADDRESS <u>2717<sup>2</sup> Elliott</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis -</u>				ANTECEDENT CAUSES				<u>1 year.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Senility -</u>				<u>2 years.</u>		
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS				_____		
Conditions contributing to the death but not related to the disease or condition causing death.				_____				_____		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>						
22. I hereby certify that I attended the deceased from <u>Dec. 10th, 1932</u> , to <u>Oct. 12, 1952</u> , that I last saw the deceased alive on <u>Oct. 11th, 1952</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Solo</u>				23b. ADDRESS <u>508 N. Grand Blvd., St. Louis, Mo.</u>				23c. DATE SIGNED <u>10/13/52.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>10-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) <u>St. Louis Co.</u>		(State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>OCT 14 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Louis Co 270791 Grand</u>					

(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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Bernard J. ...*  
.....  
Licensed Embalmer No. *4366*

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.