

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42352

FILED DEC 16 1954

State File No. _____
Registrar's No. 10795

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>10795</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3660 Finney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>2119</u> <u>3660 Finney</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shellie</u> b. (Middle) _____ c. (Last) <u>English</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1954</u>						
5. SEX <u>3</u> Female		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 10, 1905</u>		9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Greensberg, Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Smith English</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet McQuary</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Hall</u> ADDRESS <u>3660 Finney Ave.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lower resistance</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>ST Louis</u> (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>49ix</u>					
22. I hereby certify that I attended the deceased from <u>11-7-54, 19</u> , to <u>11-22-54, 19</u> , that I last saw the deceased alive on <u>11-22-54, 19</u> , and that death occurred at <u>3:am</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>3000 = Easton</u>			23c. DATE SIGNED <u>11-24-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 27 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>English Undertaking Co.</u> ADDRESS <u>1123N. Taylor</u>				

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..

Student.....
Signature of Student Embalmer

Signed *Wallace R. Williams*

Licensed Embalmer No. *492*
4554 Lexington
P. O. Address.....
St Louis, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.