No. 300
10.48

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36194 9325

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

1. PLACE OF DEATH
a. COUNTY ~~St Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST Louis
c. LENGTH OF STAY (in this place) 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Monroe
c. CITY OR TOWN Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 230 W Washinton 812 8

3. NAME OF DECEASED (Type or Print)
a. (First) Jane
b. (Middle) F
c. (Last) Shrewsberry

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1956

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 8 -1 -1921

9. AGE (In years last birthday) 35 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Gresson Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herbert Mower

13b. MOTHER'S MAIDEN NAME Marion ---------

14. NAME OF HUSBAND OR WIFE George Shrewsberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) May1944-Feb1946

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME Geo B. Shrewsberry ADDRESS Columbia, Ill

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) Acute Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 9-10-56

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 204.2

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* 9-10, 1956, *to* 10-10, 1956, *that I last saw the deceased alive on* 10-9, 1956, *and that death occurred at* 11:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Cam Huggins, M.D.

23b. ADDRESS 634 N. Grand St. Louis Mo

23c. DATE SIGNED 10-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/13/1956

24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception

24d. LOCATION (City, town, or county) (State) Columbia, Ill, Monroe County

DATE REC'D BY LOCAL REG. OCT 13 1956

REGISTRAR'S SIGNATURE J Earl Smith MD

FUNERAL DIRECTOR'S SIGNATURE Josephine Schmidt ADDRESS Columbia, Illinois

(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 embal

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Josephine Schmidt

Licensed Embalmer No. 7075

P. O. Address Columbia, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.