THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

STATE FILE NUMBER 3248

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights, Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Length of stay in 1b 1 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston 087 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 510 E. Commercial Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Waneta Middle: Martin Last: Shelby
4. DATE OF DEATH Month Day Year: Jan. 4, 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 4, 1895
9. AGE (In years last birthday): 61 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: At Home
11. BIRTHPLACE (City and state or country): Butler, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Martin
14. MOTHER'S MAIDEN NAME: Nancy Adeline Briney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Grinstead Brewer, Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease 49 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 416X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/29/56 to 1/4/57 and last saw her/him alive on 1/4/57
Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Edward Dinello
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 1/4/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-4-57
23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington,
25. DATE RECD. BY LOCAL REG.: 1-4-57
26. REGISTRAR'S SIGNATURE: Herbert R. Donkel M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service
300
1-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3

P. O. Address 17 Lo

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