WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
Dr Perrings
1122 Winston
42524

File No. 11759
Registered No.

1. PLACE OF DEATH
County St Louis
Township
City St Louis (No. 8022 Vulcan Sr St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Hiram W Shalter (SHAFFER)
(a) Residence. No. 111 St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11 1854
7. AGE Years 74 Months 7 Days 20 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Amer Schaffer
(Address) 8022 Vulcan Sr
15. FILED ..., 19 ... 192 ... Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Dec 1, 1928, that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 9 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
107A
82.B
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Fred S. Perrings, M. D
, 19 (Address) 1122 W Winston Ave St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odd Fellows — DATE OF BURIAL 12/4 1928
20. UNDERTAKER C Hoffmeister U & Co — ADDRESS 7814 Gravois Blvd