

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No. City Hospital

791

1003

28331

File No.....

Registered No. 7090

St. Ward)

2. FULL NAME

Mack Shinall

(a) Residence, No.

3452 North 11th Street

St. 26 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mollie Shinall (Reidelberger)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 26, 1865

7. AGE

YEARS

70

MONTHS

9

DAYS

13

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

General Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)

Nashville

(STATE OR COUNTRY)

Tenn.

MOTHER FATHER

13. NAME

James Shinall

14. BIRTHPLACE (CITY OR TOWN)

Nashville,

(STATE OR COUNTRY)

Tenn.

15. MAIDEN NAME

Mary Rogers

16. BIRTHPLACE (CITY OR TOWN)

Nashville,

(STATE OR COUNTRY)

Tenn.

17. INFORMANT

(ADDRESS)

Nelvin L. Shinall
3452 North 11th Street

18. BURIAL CREMATION, OR REMOVAL

PLACE

Friedens

DATE

July 13, 1936

19. UNDERTAKER

(ADDRESS)

Math. Hermann & Son
2161 East Fair Avenue

20. FILED

JUL 13 1936

J. F. Bredech
Registrar.

No PM in attendance

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 7:05 P. M. Death is said
to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Excessive Heat.

Other contributory causes of importance: *1911*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **NO.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Harold A. B. B. M.D.*
(Address).....

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.

