

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23622  
Do not use this space.

1. PLACE OF DEATH

(a) ~~DEPT~~ AUG 12 1938

Registration District No.

791  
1003

(b) Township

Primary Registration District No.

Registered No.

6316

(c) City St. Louis Mo.

(d) Street No. Mop. Hospital

St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Timothy Shane

(a) Residence, No.

Desoto mo

St. MO

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

White

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Alice Shane

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

Aug 10 - 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

75

11

4

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Engin

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Crawfordsville Ind.

FATHER

13. NAME

Timothy Shane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Mary Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

Alice Shane Desoto mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Desoto mo

DATE

July 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

J. O'Rushad Desoto mo

20. FILED

Jul 14 1938

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1938, to July 14 1938

I last saw him alive on July 11 1938 Death is said

to have occurred on the date stated above, at 11:35A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Nephritis, caused by chronic nephritis Uremia

Other contributory causes of importance:

Cardiac Enlargement Hypertension

Name of operation

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

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) J. W. Anderson M. D.

(Address) Missouri Pacific Hosp.

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.

APR 28 1950

SEP 23 1943  
NOV 24 1947  
MAR 10 1944

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *J Lee Matherhead*  
Licensed Embalmer No. *2521*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.