

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

30492

Registrar's No.

7769

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County City Hospital.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days. /
In this community Birth. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis, 26
(If outside city or town limits, write "RURAL")
(d) Street No. 812 Salisbury St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16,
year 1940 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Skull, Subdural Hemorrhage of the Brain;
suffered when deceased fell down the
steps in front of his home at 812
Salisbury St., on Sept. 13th, 1940,
Due to sometime between 2:00 & 3:00 P.M.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 13th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In front of home.
(Specify type of place) (e) Means of injury _____

23. Signature Joseph M. [Signature] (M. D. or other)
Address Deputy [Signature] Date signed _____

3. (a) PRINT FULL NAME Patrick Shotrow.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced. Widower.

6. (b) Name of husband or wife Margaret Shotrow Nee Walker. (c) Age of husband or wife if alive Not Known.

7. Birth date of deceased March 17 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 30 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.
Hoisting Eng.

11. Industry or business _____

12. Name Unknown.

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene A. Shotrow.

(b) Address 812 Salisbury St.

17. (a) Burial. (b) Date thereof Sept. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Florissant Mo.

18. (a) Signature of funeral director Math Hermann & Son.

(b) Address 2161 East Fair Ave.

19. (a) SEP 17 1940 (b) [Signature]
(State received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

45

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.....
Licensed Embalmer No. 2967
P. O. Address St. Louis, Mo.

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, fact should be so stated above.