

NOV 21 1940

DEPARTMENT OF HEALTH
BUREAU OF HEALTH RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36382

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1972

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3271 Marshall Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3271 Marshall Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th.
year 1940 hour 5 minute 15 P.M.

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

Immediate cause of death _____
Suicide by hanging 10/16/40

Due to _____
Strangulation

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

Major findings:
Of operations 165
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 16, 1940
(c) Where did injury occur? Overland, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place)
(e) Means of injury Hanging

23. Signature John Shauvel (M. D. or other)
Address Iron Springs Co Date signed 10/19/40

3. (a) PRINT FULL NAME Richard B. Shoemaker.

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

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

6. (b) Name of husband or wife Luella Shoemaker. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 24, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 22 hr. _____ min.

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

10. Usual occupation Meat Cutter.

11. Industry or business retired

12. Name William Shoemaker.

13. Birthplace St. Louis County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Berry.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella Shoemaker.

(b) Address 3271 Marshall Ave.

17. (a) Cremated (b) Date thereof 10-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) 5966-68 Easton Ave.

19. (a) 18 1940
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

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

MOTHER FATHER

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 _____

Henry W. Brammer

Registered Apprentice No. 3

working under my personal supervision.

Signed _____

Leonard W. Kuegel

Licensed Embalmer No. 2678

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, above space should be left blank.