

No. 2
1-10-39
-17-39
X21492

Registration District No. **7911** Primary Registration District No. _____

1. PLACE OF DEATH: **Homer Phillips Hospital**
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS**
(d) Street No. **1956 22nd ST**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Sam Shakespeare**
(b) If veteran, name war _____
(c) Social Security No. **489-16-4492**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **13th**
year **1940** hour **4:10** minute **P.** M.

4. Sex **Male** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Virginia Shakespeare**
6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Nov 30 1865**

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 **Captured Aortic Aneurysm**

8. AGE: Years **4th** Months **11** Days **14**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace _____
10. Usual occupation **Shoe Parler**

MOTHER FATHER
11. Industry or business _____
12. Name **Wm Shakespeare**
13. Birthplace _____
14. Maiden name **Mary Jenkins**
15. Birthplace _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Sam Williams**
(b) Address **1956 22nd St**
17. (a) **Burial** (b) Date thereof **Nov. 19 1940**
(c) Place: burial or cremation **Washington Park**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Allen Dailed**
(b) Address **3033 Pine St**
19. (a) **NOV 19 1940** (b) _____

While at work _____
23. Signature **Joseph M. ...**
Address _____

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

FILED DEC 17 1940

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed

Melvin Blackburn

Licensed Embalmer No.

3962

..... 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.