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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38143

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 2455

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. Parkview Hotel (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME William L. Shumaker

3. (b) If veteran, name war None

3. (c) Social Security No. 488-01-2687

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Shumaker

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July (Month) 9th (Day) 1875 (Year)

8. AGE: Years 67 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Jewler retired

11. Industry or business

FATHER
12. Name Maurice J. Shumaker
13. Birthplace Lynchburg (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah Francis
15. Birthplace Montgomery County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mabel Shumaker

(b) Address Parkview Hotel

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 24 1942 (Date received local registrar) (b) E. G. McGavan M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1942 hour 4:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 11/18/42, 19, to 11/24, 1942 that I last saw him alive on Nov 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure — Duration several months

Due to hypertensive heart disease (Cardio-renal vas cular disease) — several years.

Due to

Other conditions (Include pregnancy within 3 months of death) B/O

Major findings:
Of operations

Of autopsy Cardio-renal-vas cular Pathology (St Marys Hospital St Louis)

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) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas C Bridges (M. D. or other) M.D.

Address 4660 Maryland Date signed 11/24/42

(Licensed Embalmer's Statement on Reverse Side)

Thomas E. Birdsall Sr. O.
4660 Maryland ave
Fa: 0467 Nro. 9-12

JAN 11 1943

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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.