

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ED AUG 18 1948  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7151

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_ Unknown (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 5602 Pennsylvania Ave  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman J. Shoemaker

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month August day 6  
year 1943 hour 2 minute 30 P. M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Margaret Shoemaker 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased July 8, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3  
1943 to Aug 6, 1943  
that I last saw him alive on Aug 6, 1943  
and that death occurred on the date and hour stated above.

| 8. AGE:                             | Years     | Months   | Days      | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>73</u> | <u>0</u> | <u>29</u> | hr. _____ min.       |

Immediate cause of death Coronary Thrombosis Duration 3 days

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Due to Tertian Malaria 1 year  
non-malignant

10. Usual occupation Switchman

Due to Arteriosclerosis

11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

12. Name Unknown

Major findings: Of operations \_\_\_\_\_

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Niehaus

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

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (Specify) \_\_\_\_\_

16. (a) Informant Curt J. Shoemaker

(b) Date of occurrence \_\_\_\_\_

(b) Address 3441 Klocke St.

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

17. (a) Burial (b) Date thereof 8 9 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation New SS Peter & Paul Cem.

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Stecher-Helbeck Prod. Co.

23. Signature Mrs. Starbloff (M. D. or other) \_\_\_\_\_

(b) Address 3634 Gravois Avenue

Address 512 2<sup>nd</sup> St Date signed 8/7/43

19. (a) AUG 7 1943 (Date received local registrar) J. F. Busch (Registrar's signature)

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

512 St. Louis, Mo. 10-12, 1-3:30 7-9  
Ap. 1706

MOTHLER 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Robert Wheeler* .....

Licensed Embalmer No. *2128* .....

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.**