

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35822**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2401**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Pine Crest Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 12 days  
(Specify whether years, months or days)

In this community 1 mo. 12 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Raymond Shain

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased MARCH 17 1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Highway GALITAN ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation CRK

11. Industry or business NONE

MOTHER FATHER { 12. Name Wm Shain

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

14. Maiden name ORPHA GRABER

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

16. (a) Informant PINE CREST HOME

(b) Address BALLWIN, MO

17. (a) REMOVAL (b) Date thereof OCT 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NORRIS CITY ILLINOIS

18. (a) Signature of funeral director Turner Funeral Home

(b) Address Norris City Illinois

19. (a) OCT 27 1943 (b) E. G. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town BALLWIN  
(If outside city or town limits, write "RURAL")

(d) Street No. Box 12 - Manchester Rd  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26<sup>th</sup>  
year 1943 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1943 to Oct. 26, 1943; that I last saw him alive on Oct. 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans Duration \_\_\_\_\_ years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

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

Of autopsy 930

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature B. R. Loving (M. D. or other) MD  
Address Ballwin, Mo. Date signed 10-26-43

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

NOV 3 1949

**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 *William J. Hiron*

Licensed Embalmer No. *4319*

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.**