

FILED NOV 20 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Plaza Hotel 220 N. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
Street No. 220 N. Kingshighway 17
(If rural, give location) 9
(d) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William A. Shoemaker

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

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

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

7. Birth date of deceased November 10 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 27 hr. min.

9. Birthplace Lock Haven Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Retired

12. Name Daniel Shoemaker

13. Birthplace Near Lock Haven, Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Probst

15. Birthplace Geneva Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae S. Peck

(b) Address New York City, N.Y.

17. (a) Burial (b) Date thereof Nov. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Undertaking Co.

(b) Address 3621 Olive St.

19. (a) NOV 9 1943 (Date received local registrar)
J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th
year 1943 hour 9:30 am minute — M.

21. I hereby certify that I attended the deceased from Jan 25
1934 to Nov 7 1943
that I last saw him alive on Nov 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 2

Due to 2

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) —

(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) (a) Means of Injury —

23. Signature J. F. Predeck (M. D. or other)

Address: 3903 Olive St. Date signed Nov 8 43

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

MOTHER FATHER

AUG 21 1944

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

Neville B. Prohwitter

Licensed Embalmer No. *3696*

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.