

FILED MAR 1 1944

Registration District No. **318** Primary Registration District No. **1000**

Registrar's No.

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:
St. Louis City Hosp.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME **William B. Shillito.**

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

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

6. (b) Name of husband or wife **Sophia** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 17, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 27 hr. min.

9. Birthplace **Glendale Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business _____

12. Name **John Shillito**

13. Birthplace **Unknown Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Williams**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Pilgrim**

(b) Address **5105 Aubert Ave St. Louis**

17. (a) **Burial** (b) Date thereof **Feb. 17, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave Maplewood, Mo.**

19. (a) **FEB 17 1944** (b) **J. F. Bredin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4934 Mahpherson Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **14**
year **1944** hour **6** minute **52** A.M.

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 **1st. 2nd degree Burns of Face and Neck both hands and both legs when the automobile struck by a Public Service truck operated by one Charles Martin Southark. Causing said automobile to catch on fire in process of catching on fire in process**
Duration of Face and Neck both hands and both legs when the automobile struck by a Public Service truck operated by one Charles Martin Southark. Causing said automobile to catch on fire in process of catching on fire in process

Major findings: **Of operations at 4926 Mahpherson around 3:12 Pm 2-13-44**

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **2-13-44**

(c) Where did injury occur? **St Louis Mo**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature **Walter Berry** (M. D. or other) **3**

Address _____ Date signed **2/17/44**

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

MOTHER 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 3452
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3452

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.