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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED MAR 27 1944**  
 Registration District No. **818**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
 Primary Registration District No. **1003**

State File No. ....  
 Registrar's No. ....

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

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4221 West Garfield Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 37 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4221 West Garfield Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** MARY SHUTE  
 3. (b) If veteran, name war. --  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 10th  
 year 1944 hour 6: minute 00 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.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, 2 divorced Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
Robert Shute alive --- years  
 7. Birth date of deceased May 20, 1884 1944  
(Month) (Day) (Year)

Immediate cause of death.....  
Generalized Arteriosclerosis  
 Due to.....  
Senility  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
97

8. **AGE:** Years Months Days If less than one day  
99 19 20 -- hr. -- min.  
 9. Birthplace Nashville, Tennessee  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business.....

Major findings.....  
 Of operations.....  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER, FATHER**

12. Name Tom Thompson  
 13. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Amie Unknown  
 15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Maggie Shute  
 (b) Address 4221 West Garfield Avenue  
 17. (a) Burial (b) Date thereof 3/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Father Dickson Cem.  
 18. (a) Signature of funeral director Charles J. Gates  
 (b) Address 4107 Finney Avenue  
 19. (a) MAR 13 1944 (b) J. F. Bealeck  
(Date received local registrar) (Registrar's signature)

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 3  
 23. Signature James J. Thompson (M. D. or other)  
 Address 1300 Clark Avenue Date signed 3/11/44

**STATEMENT BY LICENSED EMBALMER**

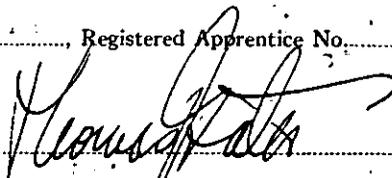
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

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

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 4259

P.O. Address 4107 Finney Avenue

**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.**