V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26588

Primary Registration District No. 1003

Registrar's No. 7256

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4475 WEST PINE BLVD. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI: (b) County 17/9

(c) City or town SAINT LOUIS: 9/9
(If outside city or town limits, write "RURAL")

(d) Street No. 4475 WEST PINE BLVD:
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN R. SHORE

3. (b) If veteran, name war NO3

3. (c) Social Security No. 499-05-4698

4. Sex MALE

5. Color or race WHITE 0

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

6. (b) Name of husband or wife ELVA SPENCER SHORE

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH (Month) 23 (Day) 1867 (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation SALES MANAGER

11. Industry or business SHAPLEIGH HARDWARE CO.

FATHER
12. Name BENJAMIN R. SHORE
13. Birthplace (City, town, or county) VIRGINIA / (State or foreign country)

MOTHER
14. Maiden name HARRIET JOHNSON
15. Birthplace (City, town, or county) VIRGINIA / (State or foreign country)

16. (a) Informant MRS ELLIS C. BROWNLEE
(b) Address BROOKFIELD, MISSOURI.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 23/44. (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) AUG 21 1944 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1944. hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-29, 1944 to Aug 20, 1944 that I last saw him alive on Aug 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral haemorrhage	7-29-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 5720 Washington Date signed 8-21-44

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 - 1944

DR. WILLIAM G. BECKE
3720 WASHINGTON BLVD.
JEFF: 8498

RES: 18 LORENZO LANE
WY: 0064.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.