S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42151

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2548

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 900
(c) City or town city of St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3831a North Market 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Calvin H. Shoults
3. (b) If veteran, name war World War #2
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Nona Shoults
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 25 (Day) 1913 (Year)

8. AGE: Years 31 Months 3 Days 17 If less than one day hr. min.

9. Birthplace St. Marys (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation decorator
11. Industry or business
FATHER
12. Name Felix Shoults
13. Birthplace St. Marys (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Nona Shoults
(b) Address 3831a North Market
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.
19. (a) 12/14/44 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1944 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 12/14/44

707

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1944

DEC 27 1944

MAR 20 1945

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.