S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11652

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2312

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp
(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 Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5347 Cabanne Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dan M Shoults
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 489 12 2964
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilma
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Oct (Month) 26 (Day) 1894 (Year)

8. AGE: Years 51 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation St. Louis Mo
11. Industry or business Smoke Inspector
FATHER
12. Name Alexander Shoults
13. Birthplace Blumingberg (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Ella Morris
15. Birthplace Blumingberg (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Wilma Shoults
(b) Address 5347 Cabanne Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 9 (Day) 46 (Year)
(c) Place: burial or cremation Bellefontian Cemt
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) MAR 9 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 5 minute 10 M.
21. I hereby certify that I attended the deceased from 2/26/46, 19, to 3/6, 1946; that I last saw him alive on 3/6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Brain Tumor, 12 yr?
Due to Non-malignant
Due to 56
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Complete Head (only)

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 Edward A. Smith (M. D. or other)
Address Beaumont Mo Date signed 3/8/46

(Licensed Embalmer's Statement on Reverse Side)

Dr E.A. Smolik
3720 Washington

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.