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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 14427

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 820

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Marine Avenue - Dorsett Road
(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 St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 10,585 Maddox Avenue 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Alice Shryock

3. (b) If veteran, name war None

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased JUNE (Month) 18 (Day) 1929 (Year)

8. AGE:

Years	Months	Days	If less than one day
16	9	17	hr. ..... min.

9. Birthplace Willow Springs (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesgirl

11. Industry or business UNEMPLOYED

FATHER
12. Name John E. Shryock
13. Birthplace Texas County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ella Baldwin
15. Birthplace Douglas County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John E. Shryock
(b) Address 10,585 Maddox Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 4-11-46 (Date received local registrar) (b) E. G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6th year 1946 hour 5:00 minute 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 Bullet wound of head and laceration of abdomen

Due to Gunshot wound.

Due to Pending 166

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Same

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) Homicide

(b) Date of occurrence April 6th, 1946

(c) Where did injury occur? Creve Coeur, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place-Picnic Grounds (Specify type of place)

While at work? No (e) Means of injury Gunshot

23. Signature Arnold J. Willmann Coroner 3 (M.D. or other)

Address Clayton, Mo. Date signed 4/11/46

(Licensed Embalmer's Statement on Reverse Side)

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 Harold K. Brown

Licensed Embalmer No. 4337

P. O. Address Overland

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.