

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34848

State File No.

FILED NOV 3 1946

Registration District No. 3/67

Primary Registration District No. 4466

Registrar's No. 3172

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4302 Exeter Street
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4325 Gannett
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME William A. Shumate

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased Aug. 18 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	2	7	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {

12. Name Alexius Shumate

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alexis Shumate

(b) Address 4325 Gannett

17. (a) Burial (b) Date thereof 10/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wacker-Walden

(b) Address 3634 Gravois Ave.

19. (a) 10-29-46 (b) Ruth J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1946 hour 9 45A. M.

21. I hereby certify that I attended the deceased from Oct 22 to Oct 25, 1946 that I last saw him alive on Oct 23 and that death occurred on the date and hour stated above.

Immediate cause of death: acute leukemia
chronic myeloid leukemia
930

Duration 1da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? 0 (Specify type of place) (c) Means of injury.....

23. Signature Ruth J. ... (M. D. or other) 0
Address 1724 Gravois Date signed 10/25/46

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

33570

NOV 6 1946

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address J. Harris Ave

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.