V. S. No. 2
30M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 1 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26058

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7002

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1.
(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 Mo. County St. Louis

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

(d) Street No. 4054 Lincoln
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM SHRINER

3. (b) If veteran, name war

3. (c) Social Security No. 497-16-2346

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Ellen Shriner

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

7. Birth date of deceased Mar. 17. 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	7	hr. min.

9. Birthplace Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Railroad Electric

MOTHER FATHER

12. Name Randolph Shriner

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

14. Maiden name Mary Reed

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

16. (a) Informant John Shriner

(b) Address 4054 Lincoln

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 N. Grand

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1947 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from 5/23/47, 19..., to July 24th, 19 47 that I last saw him alive on July 24th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Gall bladder & metastasis

Due to

Due to

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

Major findings: Of operations Fever & vomited Carcinoma of Gall Bladder

Of autopsy Carcinomatosis

None

Duration

PHYSICIAN

Underline the cause of 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 [illegible] (Coroner) 7/25/47

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. Bunkman

Licensed Embalmer No. 3553

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.