S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
FILED MAR 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7039

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2371

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1721 S. 8th St. /
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 S. 8th St. 9
(If rural, give location)
23 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ben Shomaker
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 Married /
6. (b) Name of husband or wife Ella Shomaker
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 28, 1876 (Month) (Day) (Year)

8. AGE: Years 71 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

MOTHER
12. Name Don't Know
13. Birthplace (City, town, or county) Germany (State or foreign country)

FATHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ella Shomaker
(b) Address 1721 S. 8th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) MAR 9 1948 (Date received local registrar) (b) J. J. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 5, 1948 to Mar 8, 1948 that I last saw him alive on Mar 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Chronic Interstitial Nephritis	2 yrs.
Due to Senility	
Due to Obesity	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) 0
While at work? (e) Means of injury

23. Signature R. B. Karn (M. D. or other) M.D.
Address 2000 S. Broadway Date signed 3/8/48

Jefferson City Printing Co.
(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 2201 S. Grand

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.