

FILED MAY 15 1948

Registration District No. **277**

Primary Registration District No. **2002**

Registrar's No. **1111**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **7541 Gannon Ave**  
(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**

(c) City or town **University City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7541 Gannon Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Harrison Root**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. **497-10-3995**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillian Root**

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

7. Birth date of deceased **September 6 - 1891**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>7</b>	<b>24</b>	hr. _____ min.

9. Birthplace **Keokuk Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Broker (General)**

11. Industry or business **Lawton - Byrne - Bruner.**

12. Name **Joseph L. Root**

13. Birthplace **Keokuk, Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Keokuk Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frank A. Amelung**

(b) Address **7541 Gannon Ave**

17. (a) **Cremation** (b) Date thereof **4/3/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd**

19. (a) **3-2-48** (b) **Gene R. Shappard**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th** year **1948** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug. 25** 19**48** to **April 30** 19**48** that I last saw him alive on **April 29** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**

Due to **Disease of coronary arteries**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

**6 wks.**

**2 yrs.**

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 \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature **Geo. W. Shuer** (M. D. or other) \_\_\_\_\_

Address **3720 Washington Blvd** Date signed **4-30-48**

Dr. George Ittner  
3720 Washington  
Je. 4515

1:30 / 5:30

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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.....

*Clarence H. Murray*

Licensed Embalmer No. *4911*

P. O. Address *St. Louis, Mo.*

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.