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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34693

FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8611

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ENROUTE CITY HOSPITAL
(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 3

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 902 a LA SALLE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN SHAMUS

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 ANNA

6. (c) Age of ~~husband~~ or wife if alive 42 years

7. Birth date of deceased NOV. (Month) 2 (Day) 1897 (Year)

8. AGE: Years 50 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation RAILROAD EMPLOYEE

11. Industry or business

FATHER
12. Name JOHN SHAMUS
13. Birthplace SYRIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace SYRIA (City, town, or county) (State or foreign country)

16. (a) Informant ANNA SHAMUS

(b) Address 902 S LA SALLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 4 1948 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 GRAVOIS

19. (a) OCT 3 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 1 year 1948 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Severance of Head; right arm; and left leg; when he became confused and stepped — Duration

Due to into the path of a diesel engine drawing a work train being manned by

Due to one Courtney Horn, engineer, and Bern Rousan, Fireman, on the main

Other conditions (Include pregnancy within 3 months of death) lead track #71, of the Terminal Railroad Association, 25 feet north of Poplar St.

Major findings: Of operations around 7:20 A.M. Oct. 1, 1948.

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 1, 1948

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial place (Specify type of place)

While at work? See Above (e) Means of injury

Signature (M. D. or other)

Address Date signed OCT 2 1948

(Licensed Embalmer's Statement on Reverse Side)

Mil

OCT 30 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 Leo J. Budde

Licensed Embalmer No. 3989

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.