

No. 300
-10-47
-17-39
I 3906

FILED OCT 23 1948 **318**
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(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 _____)

In this community _____ years, months or days

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. 1212 S. BROADWAY
22 (If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM G. SHAVER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife ELLA SHAVER

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased MAR 15 - 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

30 6 24 hr. min.

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

10. Usual occupation DAY LABORER

11. Industry or business _____

12. Name LUTHER SHAVER

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

14. Maiden name ELIZA TURNER

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

16. (a) Informant LUTHER SHAVER

(b) Address WARM SPRINGS ARIK

17. (a) Removal (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PALESTINE CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address Pocahontas, Arkansas

19. (a) OCT 11 1948 (b) [Signature]
(Date received local burial) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 9th
year 1948 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage Duration _____

Compound fracture of left arm, when the automobile he was driving collided with a truck driven by one Harold E. Kalb, on the Cabouri Bridge on Highway #25, 4/10ths of a mile north of Route #32 in St. Genevieve County, Missouri.

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

Major findings: [Handwritten]

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) accident

(b) Date of occurrence _____

(c) Where did injury occur? (see above)
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work _____ (Specify type of place)

(e) Means of injury See above

23. Signature [Signature] M. D. or other _____
Address [Address] Date signed [Date]

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..... *Samuel Hill*

Licensed Embalmer No..... *4347*

P. O. Address..... *2906 Travis*

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.