

U. S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41841
Registrar's No. 11270

Registration District No. 818

Primary Registration District No. 1003

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

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:
Bethesda General Hosp.
(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

3: (a) PRINT FULL NAME Albert Horace Shore

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

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 Rose Marie Shore

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 25 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Conductor

11. Industry or business Mo. Pacific Railroad

12. Name William Shore

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

14. Maiden name Lola Hurst

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

16. (a) Informant Rose Marie Shore

(b) Address 4056 Taft Ave

17. (a) Burial (b) Date thereof Dec 30, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Ave

19. (a) DEC 28 1948 (Date received local health officer's report)
J. B. Lassiter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 4056 Taft
15 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1948 hour 2:55 minute P M.

21. I hereby certify that I attended the deceased from July 28 1948 to Dec 27 1948; that I last saw him alive on Dec 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon, Liver & Lungs

Duration _____

Due to Primary in Colon

Due to _____

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

Major findings: Carcinoma of Recto sigmoid colon

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) _____

(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Phew Stewart (M. D. or other)

Address 4060 Maryland Date signed 12/28/48

JAN 27 1949

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..... *Joseph B. Volkmur*

Licensed Embalmer No..... **4014**

P. O. Address..... **3125 Lafayette St. Louis**

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 41841-48
Local Registrar's No. 11270

State of Mo
City of St Louis }
County of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3 day of Jan, 1949, before me appears Rose Marie Shore, who, upon her oath, states that the original record of ^{birth} death for HORACE ALBERT SHORE, died ^{born} 12 - 27, 1948, in the State of Missouri, and which was filed at 12 - 28 on 12 - 28, 1948, should be corrected as follows:

Item No. 7 should read FEB 24, 1894

Instead of FEB 24, 1895

Item No. 8 should read 54 YR. 10 MON. 2 DAYS

Instead of 53 YR 10 MON 2 DAYS

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rose Marie Shore WIFE
Relationship.

4056 Taft
Present Address.

Subscribed and sworn to before me this 3 day of Jan, 1949.

My Commission expires 12-6-52 Bernard F. Collins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE
LIBRARY OF THE
MUSEUM OF MODERN ART
1000 MUSEUM AVENUE
NEW YORK, N.Y. 10028