

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

42710
State File No. 11395
Registrar's No. _____

FILED JAN 18 1949

Registration District No. 318

Primary Registration District No. 1005

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:
City State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days.
(Specify whether 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. 1291 Oak Court
5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STERLING P. SHOEMAKER

3. (b) If veteran, name war None 3. (c) Social Security No. 491-16-7200

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Edna Shoemaker 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 10, 1871.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	20	hr. _____ min. _____

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

10. Usual occupation Salesman (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name William P. Shoemaker
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Cynthia Berry
15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Edna Shoemaker
(b) Address 1291 Oak Court

17. (a) Burial (b) Date thereof 12-31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Geo. L. Fleitsch, Inc.
(b) Address 5966-68 Easton Avenue

19. (a) DEC 31 1948 (b) J. B. Sabater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1948 hour 7.50 minute A M.

21. I hereby certify that I attended the deceased from Dec.
13, 1948 to Dec. 30, 1948;
that I last saw him alive on Dec. 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Generalized Arteriosclerosis 12/13/48x
Due to Senility

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

Major findings:
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) _____
(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) _____
(2) Means of injury _____

23. Signature L. Hopwater (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 12/30/48

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

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

Clement M. Neary

Licensed Embalmer No. *3732*

P. O. Address

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.