

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 28932

FILED AUG 17 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1836

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>220 days</b>		d. STREET ADDRESS (If rural, give location) <b>380 North Taylor, Apartment D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>P.</b> c. (Last) <b>SHOFNER,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>July 2, 1874</b>		9. AGE (In years last birthday) <b>75</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Fayetteville, Tennessee</b>	

13a. FATHER'S NAME <b>William L. Shofner</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>----</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Spanish-American Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>	
				ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CANCER OF PROSTATE WITH METASTASES</b>			<b>Unknown</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Dec. 19, 1948**, to **July 27, 1949**, that I last saw the deceased alive on **July 27, 1949**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.E. Stilwell</b> (Degree or title) <b>L.E. Stilwell, M.D., Chf. Prof. Services</b>		23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks. Mo.</b>	

DATE REC'D BY LOCAL REG. <b>7-29-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Alonzi, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U&amp;L Co. St. Louis, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harry J. Schumaker*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7874 Broadway*.....

**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.