

STANDARD CERTIFICATE OF DEATH

State File No. **39050**  
**9858**

FILED DEC 1 1950

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

|  |  |  |  |  |   |   |  |
|--|--|--|--|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                     |   | <b>2109</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4043a N. Newstead</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>4043a N. Newstead</b>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Eugene</b><br>b. (Middle) <b>A.</b><br>c. (Last) <b>Shotrow</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>November 17, 1950.</b> |  |   |   |  |
| 5. SEX <b>male</b>   |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   |   | 8. DATE OF BIRTH<br><b>July 4, 1908</b>   |  |
| 9. AGE (In years last birthday) <b>42</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Proprietor</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 10a. USUAL OCCUPATION  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Tavern</b>   |  | 11. BIRTHPLACE   |   | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME<br><b>Thomas Barman</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>                        |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Margaret Shotrow</b>                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>yes</b>  |  | 16. SOCIAL SECURITY NO.<br><b>490-01-6994</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Margaret Shotrow 4043a N. Newstead</b>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of skull and brain, self inflicted in the front room at his home at 4043 N. Newstead Ave. on Nov 17 1950 at about 9:50</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><b>suicide</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>and</b>                                      |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Suicide</b>   |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>suicide</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo.</b>  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Nov 17 50 9:50 A.M.</b>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><b>E976X</b>   |   |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:52 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |   |   |  |
| 23a. SIGNATURE<br><i>[Signature]</i>   |  |  |  | 23b. ADDRESS<br><b>1300 Clark</b>  |   | 23c. DATE SIGNED<br><b>11/19/50</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>11-20-50</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks, Mo.</b>     |  |
| DATE REC'D BY LOCAL REG.<br><b>NOV 21 1950</b>   |  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b> |   |  |

DEC 19 1931

8086

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. W. Katz*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

3737

P. O. Address.....

*W. Louis Mason*

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.