

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41881**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **228**

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

923

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St Charles		c. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Charles	
c. LENGTH OF STAY (In this place) 69 yrs		d. STREET ADDRESS (If rural, give location) 1027 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1027 Olive			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Benjmann	
		c. (Last) Shorter	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1950			
5. SEX M 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 22 1881
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR (Months) (Days) 6 9	
11. IF UNDER 24 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS* OR INDUSTRY Bowling Alley	
11. BIRTHPLACE (State or foreign country) St. Charles Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Abraham Shorter		13b. MOTHER'S MAIDEN NAME Katie Powell	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 488-18-9100	
17. INFORMANT'S SIGNATURE OR NAME Joseph Shorter		ADDRESS ST. CHARLES Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension	
		DUE TO (c) Arterio-sclerosis	
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 type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from July 1952 , to Dec. 31, 1952 , that I last saw the deceased alive on Dec. 30, 1952 , and that death occurred at 10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. H. [Signature]		23b. ADDRESS 202 N. Main St.	
		23c. DATE SIGNED 1-2-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 3 1950	
Burial			
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 12-31-50		REGISTRAR'S SIGNATURE Fraime Hancilton	
		25. FUNERAL DIRECTOR'S SIGNATURE Hackmann-Bane	
		ADDRESS St. Charles, Mo.	

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951

RECEIVED

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

Charles F. Macke

Licensed Embalmer No.

4530

P. O. Address

St. Charles, Mo.

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.