

STANDARD CERTIFICATE OF DEATH

State File No. **42830**
 Registrar's No. **9526**

No. 48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **CITY HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **WEBSTER GROVES**
 d. STREET ADDRESS (If rural, give location) **200 EDGAR RD. 4617**

3. NAME OF DECEASED
 a. (First) **ELIZABETH** b. (Middle) **SHAYER** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **11-7-1950**

5. SEX **F** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED** **8. DATE OF BIRTH** **JAN-1-1892** **9. AGE** (In years last birthday) **58** # UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **ST. LOUIS MO.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **SMITH** **13b. MOTHER'S MAIDEN NAME** **UNKNOWN** **14. NAME OF HUSBAND OR WIFE** **FRED E. SHAYER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Suzanne Shayer** **ADDRESS** _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
 ANTECEDENT CAUSES **@ coronary thrombosis**
 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?** YES 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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **H201**

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 **1:51 P. m., from the causes and on the date stated above.**

23a. SIGNATURE **Parker Aldrich** (Type or Print) **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **11/8/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **11-10-1950** **24c. NAME OF CEMETERY OR CREMATORY** **Oak Hill Cemetery** **24d. LOCATION** (City, town, or county) (State) **Kirkwood Mo**

DATE REC'D BY LOCAL REG. **NOV 9 1950** **REGISTRAR'S SIGNATURE** **J. B. Lisotte** **25. FUNERAL DIRECTOR'S SIGNATURE** **Parker Aldrich** **ADDRESS** **Webster Groves**

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Helston Groves 7*

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.