

FILED FEB. 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7117BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 5 North 9th St.</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>William</u>	b. (Middle) <u>-</u>	c. (Last) <u>Shamplin</u>	(Month) (Day) (Year) <u>1-17-51</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>8-1-82</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	-----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Solomon Shamplin</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda ??</u>	14. NAME OF HUSBAND OR WIFE <u>Naomi ??, deceased</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>??</u>	16. SOCIAL SECURITY NO. <u>??</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hosp.</u>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertensive Cardiovascular dis.</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pulmonary tuberculosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200A</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

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 1-16- 1951, to 1-17- 1951, that I last saw the deceased alive on 1-17- 51, 1951, and that death occurred at 10:35A, from the causes and on the date stated above.

23a. SIGNATURE <u>Ellis J. Lopez, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>1-20-51</u>
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1/23/51</u>	REGISTRAR'S SIGNATURE <u>Robert C. Tomke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Kelly</u>	ADDRESS <u>4386 LINDELL BLVD.</u>
--	---	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4200A

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 _____

Students of Mortuary College
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James G. Lammers*
Licensed Embalmer No. *4142*

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.