

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43517

State File No. ....

FILED DEC 20 1951

BIRTH NO. 34102-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3995

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 <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYLAND HEIGHTS (RURAL)</u>	
c. LENGTH OF STAY (in this place) <u>12-9-51</u>		d. STREET ADDRESS (If rural, give location) <u>4250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>VIRGIL LEE SHOEMAKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>MAY 26 1951</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLAYTON MISSOURI</u>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>VIRGIL SHOEMAKE</u>		13b. MOTHER'S MAIDEN NAME <u>MAY WOODLAND</u>		14. NAME OF HUSBAND OR WIFE	
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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 <u>VIRGIL SHOEMAKE</u> ADDRESS <u>MARYLAND HTS MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MENINGITIS, PNEUMOCOCCAL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>	
		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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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 12-9-1951, to 12-14-1951, that I last saw the deceased alive on 12-14-1951, and that death occurred at 12 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hayne E. Roberts M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton 5 Mo</u>		23c. DATE SIGNED <u>12-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVABLE</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT BARNON</u>	
				24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>12-15-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL HILGEMAN 9709 LACKLAND OVERLAND MO</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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 Earl L. Hellemann

Licensed Embalmer No. 3501

P. O. Address Overland Missouri

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.