

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6774**
1552

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 220-9	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 20 2718 St. Louis Ave.	

3. NAME OF DECEASED (Type or Print) WILLARD		a. (First)		b. (Middle)		c. (Last) SHOEMAKE		4. DATE OF DEATH (Month) (Day) (Year) FEB. 17, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 5-9-1915		9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self-employ.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US			

13a. FATHER'S NAME Jesse Shoemake		13b. MOTHER'S MAIDEN NAME Ruth Ward		14. NAME OF HUSBAND OR WIFE Grace Shoemake	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Grace Shoemake		ADDRESS 2718 St. Louis Ave	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hours	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive cardiovascular disease			
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		chronic cholecystitis		3 yr	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HT-3X	

22. I hereby certify that I attended the deceased from **2-16-52**, 19___, to **2-17-52**, 19___, that I last saw the deceased alive on **2-17-52**, 19___, and that death occurred at **7:50P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Andrew L. Hahn M.D.		(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-20-52		24c. NAME OF CEMETERY OR CREMATORY Club Cemetery		24d. LOCATION (City, town, or county) (State) Club Mo.	
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DATE REC'D BY LOCAL REG. FEB 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.		ADDRESS	
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293 (Licensed Embalmer's Statement on Reverse Side) **2301 Lafayette Ave**

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

1922

1922

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. _____

Student _____
Student Embalmer

Signed *W. G. Harris*
Licensed Embalmer No. *3384*
P. O. Address *2301 Lafayette*

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.