

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14787**
Registrar's No. **3350**

FILED APR 25 1952

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 township) OR TOWN St. Louis,		c. LENGTH OF STAY (If this place) 2 yrs 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 5300 Arsenal Street.			
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) Yale		c. (Last) Shupe		4. DATE OF DEATH (Month) (Day) (Year) April 4 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 7		8. DATE OF BIRTH 7-1870	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Unknown	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Edward A. Shupe		13b. MOTHER'S MAIDEN NAME Susan ?		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized & Cerebral Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Cerebro and Cardio Components DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (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. HOW DID INJURY OCCUR? 334X	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct. 19, 1948 to April 4, 1952 , that I last saw the deceased alive on April 3, 1952 , and that death occurred at 1:20 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Palmer Roush Bowditch M.D. (Degree or title)				23b. ADDRESS City Infirmary		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) City Crematory		24b. DATE 4-9-52		24c. NAME OF CEMETERY OR CREMATORY City Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. APR 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE Wm. Ryan		ADDRESS 5600 Arsenal St.	

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 Not embalmed Mr. Ryan
5600 Adams

Licensed Embalmer No.

P. O. Address.....

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.