

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1952

State File No. **26329**
Registrar's No. **6836**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City		812
d. FULL NAME OF HOSPITAL OR INSTITUTION 2654 Locust St. Bell Telephone			d. STREET ADDRESS (If rural, give location) Co. 2603 Lincoln Avenue		
3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Raymond	c. (Last) Shafer	4. DATE OF DEATH (Month) (Day) (Year) July 14 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 10, 1929	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Board Inst.	10b. KIND OF BUSINESS OR INDUSTRY Western Electric	11. BIRTHPLACE (State or foreign country) Granite City, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Shafer		13b. MOTHER'S MAIDEN NAME Edith Hunter		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes W.W. 2	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edith Shafer 2603 Lincoln Ave. Granite City, Ill			
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) Electrocution suffered when deceased was electrocuted ANTECEDENT CAUSES due to (b) while working in plant at 2654 Locust St. about 10:35 pm July 14, 1952 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 Accident 0-0-0		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SIGNATURE (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, on a bldg., etc.) Plant	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 14 5:19 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9143			
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 10:55 p.m. , from the causes and on the date stated above. 8					
22a. SIGNATURE Patent Taylor Coronator			23b. ADDRESS 31300 Clark		23c. DATE SIGNED 7.15.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 15, '52	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Edwardsville Twsp. Ill.		
DATE REC'D BY LOCAL HEALTH DEPT. JUL 15 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Frank Mercer Granite City		

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

1955

JAN 18 1955

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

Charles E. Mercer

Licensed Embalmer No. *2988*

P. O. Address *Granite City Pa*

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.