

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16213

State File No.

FILED MAY 15 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4190

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
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 Webster Groves 597	
d. FULL NAME OF HOSPITAL OR INSTITUTION Euclid & Page Avenues			d. STREET ADDRESS (If rural, give location) 15 N Gore Ave		

3. NAME OF DECEASED (Type or Print)		a. (First) AGNES	b. (Middle) ANCEL	c. (Last) SHUMATE	4. DATE OF DEATH (Month) (Day) (Year) 4-22-1953	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-23-1903	9. AGE (In years, last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Forrest City Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gaswell A Baker	13b. MOTHER'S MAIDEN NAME Emma Stewart	14. NAME OF HUSBAND OR WIFE J.D. Shumate
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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. None	17. INFORMANT'S SIGNATURE OR NAME J.D. Shumate	ADDRESS 15 N Gore 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL HEMORRHAGE; Laceration of right lung; Subdural hemorrhage suffered as a result of collision between car operated by one Maume and car operated by Edward Heudell at intersection of Euclid and Page about 10:35 pm, April 21, 1953.		
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO DUE TO			
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 Criminal Carelessness on the part of Edw Heudell	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. APPOINTMENT SIGNATURE Patricia E Taylor	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY Apr 21 58 10 ³⁵ pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8164
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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 145A m., from the causes and on the date stated above. 260

23a. SIGNATURE Patricia E Taylor	(Degree or title) Coroner	23b. ADDRESS 1305 Clark Ave	23c. DATE SIGNED 4-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-24-1953	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. APR 23 1953	REGISTRAR'S SIGNATURE Charles Smith	FUNERAL DIRECTOR'S SIGNATURE Richard F. Home	ADDRESS Webster Groves
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(Licensed Embalmer's 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 *Lillie Walsh*

Licensed Embalmer No. *4395*

P. O. Address *Whites Groves*

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.