

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3273

FILED JAN 19 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8

1. PLACE OF DEATH a. CITY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis --</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, 8120</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>#1473 Belmont Avenue... 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.,</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Miss Eva S.</u>	b. (Middle) <u>Shearer</u>	c. (Last) <u>.....</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>I-1954..</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 4th 1895..</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Buder School...</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Turney - Mo., 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA..</u>
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13a. FATHER'S NAME <u>Norman B. Shearer</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Moore.....</u>	14. NAME OF HUSBAND OR WIFE <u>None....</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not known) (If younger war or dates of service) <u>No..</u>	16. SOCIAL SECURITY NO. <u>None...</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Aug. J. (Ina F.) Baro</u> ADDRESS <u>744 707th</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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, 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? <u>4200</u>
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22. I hereby certify that I attended the deceased from June 1953 to 1-1-1954, that I last saw the deceased alive on 1-1-1954 and that death occurred at 1PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Carney MD</u> (Degree or title)	23b. ADDRESS <u>906 Olive St</u>	23c. DATE SIGNED <u>1-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>1/2/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Stookey Twnshp. Ill..</u>
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DATE REC'D BY LOCAL REG. <u>JAN 2 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geor. Buchler</u> ADDRESS <u>6 St. Louis Ill.</u>
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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 JM

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ill

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.