

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44002**Registrar's No. **11728**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>44002</b>		Registrar's No. <b>11728</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS <b>3423 Delmar Blvd.</b>		22190			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) _____		c. (Last) <b>Shouse</b>		4. DATE OF DEATH (Month) <b>12</b> (Day) <b>22</b> (Year) <b>54</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb 10 1889</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville Tenn</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Shouse</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Holmes</b>			14. NAME OF HUSBAND OR WIFE <b>Ozzie Shouse</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ozzie Shouse</b> ADDRESS <b>3423 Delmar Blvd</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Congestive Heart Failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>Vascular Hypertension</b>  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 <b>Undt.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4341</b>					
22. I hereby certify that I attended the deceased from <b>12 - 14</b> , 19 <b>54</b> , to <b>12 - 22</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12 - 22</b> , 19 <b>54</b> , and that death occurred at <b>5:55p.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Edw. B. Williams</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2601 N. Whittier Street</b>			23c. DATE SIGNED <b>12-24-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Dec 28 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>			
DATE REC'D BY LOCAL REG. <b>DEC 24 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b> ADDRESS <b>3133 Bell Ave</b>				

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.....  
Signature of Student Embalmer

Signed *L. J. Station*.....  
Licensed Embalmer No. *269*

P. O. Address *2769th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.