

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

36191  
STATE FILE NUMBER 3807

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis 4</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO Pacific Hosp</i> Length of stay in <i>22 d</i>		d. STREET ADDRESS (If outside, give location) <i>4537 Aldine Ave.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Nelson</i> Middle <i>Shivers</i> Last <i>Shivers</i>		4. DATE OF DEATH Month <i>10</i> Day <i>24</i> Year <i>56</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-19-1882</i>
9. AGE (In years last birthday) <i>74</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Picker</i>	11. BIRTHPLACE (City and state or country) <i>MARION ALA</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Picker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Picker</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>UNKNOWN</i>		14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i> (If yes, give war or dates of service).		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Missouri Pacific Hospital</i>		Address <i>(Neurology)</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovasc. accident</i> DUE TO (b) <i>Hypertension + arterioscl. gen</i> DUE TO (c) <i>bronchopneumonia Terminal</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Hortesia sclerotic, gen</i>			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>331x</i>	
20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a. m. <i>—</i> p. m. <i>—</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>10-2-56</i> to <i>10-24-56</i> and last saw <i>him</i> alive on <i>10-23-56</i> Death occurred at <i>9:19 a m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles Brown M.D.</i>		22b. ADDRESS <i>1753 S. Grand</i>	
22c. DATE SIGNED <i>10/25/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>10-27-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OAKDALE</i>	23d. LOCATION (City, town, or county) (State) <i>ST LOUIS CO. MO</i>
24. FUNERAL DIRECTOR <i>Bennie Spue</i> ADDRESS <i>3103 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 27 1956</i>	
26. REGISTRAR'S SIGNATURE <i>G. Earl Smith md</i>			

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 *H. Claude Jordan*

Licensed Embalmer No. 34

P. O. Address 4575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
No 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.