

FILED MAY 20 1957

 U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
 PUBLIC SERVICE
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

19717

 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1222

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Affton</u>		c. CITY OR TOWN <u>Affton</u>		d. STREET ADDRESS <u>5319 Willard</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5319 Willard</u>				Length of stay in lb <u>7 Mon.</u>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>JERRY</u> Middle <u>SHOOK</u> Last <u>SHOOK</u>				Month <u>May</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 26, 1880</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				Months		Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
<u>Car Inspector-Frisco R. R. Co.</u>				<u>Phelps County, Mo.</u>			
11. BIRTHPLACE (City and state or country) <u>D</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>James Shook</u>				14. MOTHER'S MAIDEN NAME <u>Melinda Sneed</u>			
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. <u>702-07-9599</u>		17. INFORMANT <u>Lillie Shook</u> Address <u>5319 Willard-Affton</u> (Wife)	
<u>No</u>				<u>None</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac failure</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>chronic cardiac failure</u>							<u>2 months</u>
DUE TO (c) <u>Prostatic carcinoma</u>							<u>1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
							<u>177X</u>
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.)				
20c. TIME OF INJURY			20d. INJURY OCCURRED				
Hour <u>11:45</u> Month <u>5</u> Day <u>10</u> Year <u>1957</u>			a. m. <u>A.</u> p. m.		20e. PLACE OF INJURY (e. g.: in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION			20g. COUNTY		20h. STATE		
<u>Affton</u>			<u>St. Louis</u>		<u>Mo.</u>		
21. I attended the deceased from <u>2-1-1949</u> to <u>5-10-57</u> and last saw ^{her} him alive on <u>5-8-57</u>							
Death occurred at <u>11:45</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Elwin P. J. [unclear] MD</u> (Degree or title)				22b. ADDRESS <u>3258 [unclear] St. Louis, Mo.</u>		22c. DATE SIGNED <u>5-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>May 13, 1957</u>		<u>Memorial Park Cem.</u>		<u>St. Louis Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway</u>				25. DATE RECD. BY LOCAL REG. <u>5-13-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert A. Donk MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 45

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.