

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034695
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8608

300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Length of stay in lb	d. STREET ADDRESS 3512 Pestalozzi		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CLARENCE L. SHAUL				First	Middle	Last	4. DATE OF DEATH Month Sep. Day 5 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 25, 1882		9. AGE (In years last birthday) 76	FUNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman-Rock Island			10b. KIND OF BUSINESS OR INDUSTRY R.R.Co.	11. BIRTHPLACE (City and state or country) Collinsville, Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Clarence E. Shaul			13b. MOTHER'S MAIDEN NAME Emeil Hecker			14. NAME OF HUSBAND OR WIFE Late Minnie L. Shaul		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None			16. SOCIAL SECURITY NO.	17. INFORMANT Address Clarence B. Shaul 6748 Marquette Av.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PORTAL CIRRHOSIS							INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b)								
DUE TO (c) 581.0H								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF BLADDER							19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 Aug 9, '58 to present and last saw ^{him} alive on 9-4-58 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert C. Kungland MO (Degree or title)				22b. ADDRESS 14 FORSYTH WALK CHAYTON 5, MO		22c. DATE SIGNED 9-5-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Cremation		Sep. 8, 1958	Missouri Crematory		St. Louis, Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway				ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 5 '58	26. REGISTRAR'S SIGNATURE Keel Smith MO MFB.		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William B. White*

Licensed Embalmer No. *7291*

P. O. Address *228th Broadway*

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.