

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL CENTER FOR HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1960

-60-024962

ENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6193** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 10 DAYS	c. CITY OR TOWN SAINT LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3208 WATSON ROAD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LLOYD L. SHATRICK			4. DATE OF DEATH Month Day Year JUNE 16, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVT	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME EDWARD SHATRICK		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHMIDT		14. NAME OF HUSBAND OR WIFE FRANCIS SHATRICK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 490-14-8887		17. INFORMANT Address ST. LOUIS, MO. FRANCIS SHATRICK, 3208 WATSON RD.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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 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

21a. I attended the deceased from **6-6-60** to **6-16-60** and last saw ^{xxx}him alive on **6-16-60**
 Death occurred at **12:45 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. BOBOWSKI (Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/18/60	23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM ST LOUIS MO
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORT ADDRESS 6464 CHIPPEWA ST LOUIS MO	DATE RECD. BY LOCAL REG. JUN 17, 1960	26. REGISTRAR'S SIGNATURE Earl Smith M.D. S.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7-1-63

7-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. De...

Licensed Embalmer No. 494

P. O. Address St Louis

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

RECEIVED
MAY 10 1963
ST. LOUIS, MO.
MORTUARY