

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030502

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7518 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
1								
2 <u>4005</u>								
3								
4 <u>0</u>								
5 <u>1</u>								
6								
7 <u>0</u>								
8 <u>2</u>								
9								
10								
11								
12 <u>5300</u>								
13								
<u>53</u>	USE BLACK INK OR TYPEWRITER RIBBON							

FILED JUL 25 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Richmond Heights</u>			
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>7549 Dale</u>			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Stephen Shaner</u>			4. DATE OF DEATH Month Day Year <u>July 22, 1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1909</u>		
9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Suburban Motors</u>	11. BIRTHPLACE (City and state or country) <u>Bismarck, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Henry Shaner</u>			
13b. MOTHER'S MAIDEN NAME <u>Luella Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Shaner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Mrs. Helen Shaner 7549 Dale, Richmond Heights, Missouri.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> DUE TO (b) <u>Acute myocardial infarction</u> <u>with acute ex tension</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>28h</u> <u>6/28/63</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year		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 <u>6/28/63</u> to <u>7/22/63</u> and last saw him alive on <u>7/22/63</u> . Death occurred at <u>1:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Thomas W. Fisher MD</u>			
22b. ADDRESS <u>4666 Maryland</u>		22c. DATE SIGNED <u>7/22/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (auto)</u>		23b. DATE <u>7-24-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Bismarck, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Lupton Chapel Inc. 7233 Delmar Bly'd.</u>			
25. DATE RECD. BY LOCAL REG. <u>JUL 28 1963</u>		26. REGISTRAR'S SIGNATURE <u>Loed Smith M.D.</u>			

SHANER CITY

Dr Parke

4660 Maryland

to 10:45 A.M.

2 - 3:45 P.M.

MONDAY

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.