MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓ Do not use this space.

6439

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 1347

City St. Louis, (No. St. Luke's Hosp. St. ..... Ward)

2. FULL NAME George H. Shields, Jr.

(a) Residence. No. #6459 Wydown Blvd. Ward. St. Louis Co. Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence M. Shields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 27th 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58.	10.	6.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Official

(b) General nature of industry, business, or establishment in which employed (or employer) J. D. Streett Oil Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal, (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Geo. H. Shields

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky.

12. MAIDEN NAME OF MOTHER Mary H. Leighton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT Leighton Shields
(Address) #6459 Wydown Blvd.

15. FILED FEB 6 1928 Wm. Tarlton Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 3rd 1928.

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1914, to Feb. 2nd, 1928 that I last saw him alive on Feb. 2nd, 1928, and that death occurred, on the date stated above, at 5 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina (occlusion coronary artery)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardio Vascular Hypertension - Chronic Nephritis (duration) 12 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? —

IF NOT AT PLACE OF DEATH? ..... —

DID AN OPERATION PRECEDE DEATH? No. DATE OF ..... —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood Pressure, Urinalysis

(Signed) C. C. Bradford, M. D.

Feb 4, 1928 (Address) 958 Arcade Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem. DATE OF BURIAL 2-6, 1928.

20. UNDERTAKER C. R. Lupton. ADDRESS Olive Street #4444

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD