

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

Do not use this space.

38846

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Clayton (No. St. Louis County Club) St. _____ Ward _____

2. FULL NAME Dr. John Frederick Shoemaker
 (a) Residence, No. St. Louis County Club Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella S. Shoemaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9th 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>8</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Jan 1926 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lock Haven Pa.

13. NAME David Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lock Haven Pa.

15. MAIDEN NAME Elizabeth Probst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva Switzerland

17. INFORMANT (ADDRESS) W. H. Schermer Chase Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov 23rd 1931

19. UNDERTAKER (ADDRESS) Wagner and Co. 73621 Olive St.

20. FILED Nov 23 1931 R. W. Sullivan Registrar.

OCCUPATION
FATHER
MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1931

22. I HEREBY CERTIFY, That I attended deceased from 1922, 1922, to Nov 21 1931, 1931
 I last saw him alive on Nov 21 1931. Death is said to have occurred on the date stated above, at a.p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
(apoplexy)
878 J. J. W.
 Date of onset Nov 21 1931

Other contributory causes of importance:
Pneumonia
from 9 yrs duration

Name of operation none Date of _____
 What test confirmed diagnosis? Pneumonia Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Herbert J. ... M. D.
 (Address) 3701 Belmont Pl

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC 26 1931

Wimmerburg