

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.

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

Do not use this space.
24788

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.
Registered No. 6935
St. Ward

2. FULL NAME

William J. Shoemaker
(a) Residence, No. unknown St. Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22nd 1894</u>		
7. AGE <u>38</u>	YEARS	MONTHS <u>0</u> DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>Ford Shoemaker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Julia Wald</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
17. INFORMANT (ADDRESS) <u>Ford Shoemaker</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National</u> DATE <u>7-28</u>		
19. UNDERTAKER (ADDRESS) <u>Anthony J. Donnelly and Co</u>		
20. FILED <u>JUL 27 1932</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-32

22. Hospital First attended deceased from
....., 19at residence

I last saw him alive on Death is said to have occurred on the date stated above, at 10³⁰ PM

The principal cause of death and related causes of importance were as follows:
Shock, Injury, frac- tured skull
175 lbs 175 5

Other contributory causes of importance:
Struck with blunt instrument
justifiable homicide

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 12x 1932
Where did injury occur? Home Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Struck on head
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Wm V. Over M. D.
(Address) Coroner

Registrar.

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