

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

Do not use this space.

**27511**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785 File No. \_\_\_\_\_  
 Town Bonhomme Primary Registration District No. 6031 Registered No. 190  
 City Manchester (No. Manchester Nursing Home St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

William Shandrow  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. August, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. - ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Shandrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>about 77</u>				

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

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) 1932 11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stillard, Mo

13. NAME Wutenown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ruth Shandrow  
 (ADDRESS) 9517 Highland - Overland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 8-22 1933

19. UNDERTAKER Baumann Bros Overland  
 (ADDRESS) 2504 Woodson Rd - Overland

20. FILED 8/22 1933 P. E. Darnell Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to August 18, 1933  
 I last saw him alive on August 18, 1933 Death is said to have occurred on the date stated above, at 4:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
Uremia  
131  
93c  
97  
 Other contributory causes of importance:  
Senility  
Arteriosclerosis  
Chronic myocarditis

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 \_\_\_\_\_, 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) B. R. Loring, M. D.  
 (Address) Ballwin, Mo.

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.

SEP 28 1933

*Shandrow*

