

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

Do not use this space.

38045

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 333
City St. Louis (No. St. Lukes Hospital)

File No. _____
Registered No. 9640 St. 12 Ward 12

2. FULL NAME Richard Waldron Shapleigh

(a) Residence, No. 5357 Waterman Avenue St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 8 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helew Shapleigh Shapleigh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 - 1859
7. AGE YEARS 74 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Hardware
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

13. NAME Augustus Frederik Shapleigh

14. BIRTHPLACE (CITY OR TOWN) Portsmouth New Hampshire (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ann Unstead

16. BIRTHPLACE (CITY OR TOWN) Montgomery County Pa. (STATE OR COUNTRY)

17. INFORMANT Alfred Shapleigh (ADDRESS) 6 Portau's Place, St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov 9 1933

19. UNDERTAKER Wagner Undertaking Co (ADDRESS) 3621 Olive St. St. Louis Mo.

20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1933, to 11/6, 1933

I last saw him alive on Nov. 6, 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (thrombosis)
Phlebitis of saphenous vein (left) - arteriosclerosis
Smells

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) Frank D. Urban, M. D.
(Address) 4505 Olive St.

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.

JAN 9 1934

OCCUPATION
MOTHER
FATHER

