

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.

MAR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*  
Township  
City *St. Louis* (No. *St. Lukes Hosp*)

Registration District No. **791**  
**1003**  
Primary Registration District No.

File No. *12623*  
Registered No. *2657*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*James P. Shaffer*  
(a) Residence, No. \_\_\_\_\_ St. *N.R.* Ward. *Tracy Bld.*  
(Usual place of abode)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. *2* 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) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 20 - 1882*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*53 11 18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Engineer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Coral Mine*  
10. Date deceased last worked at this occupation (month and year) *about 10 days ago* 11. Total time (years) spent in this occupation *30 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tracy Mo*

FATHER 13. NAME *George D Shaffer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *Mary Blakeman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *my son Shaffer* (ADDRESS) *Tracy Bld*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Tracy Bld* DATE *Mar 12 1936*

19. UNDERTAKER *J. C. Kueker* (ADDRESS) *Tracy Bld*

20. *J. H. Bredeck* (Address) *1018 Beaumont Bld*

MAR 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/9 1936*

22. I HEREBY CERTIFY, That I attended deceased from *3/8*, 19*36*, to *3/9*, 19*36*

I last saw him alive on *3/9 1936* Death is said to have occurred on the date stated above, at *10:30 p.m.*

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

*Chronic nephritis* Date of onset *10 years*  
*Uremia* *5 days*  
*Bronchopneumonia* *5 days*  
Other contributory causes of importance: *Hypertensive heart disease* *10 years*

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? *Uremia* 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) *Sam O. Beam*, M. D.

(Address) *1018 Beaumont Bld*  
*St Louis, Mo.*

