APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County of ST LOUIS — Registration District No. 790 — File No. 13492

Township Clayton — Primary Registration District No. 6033a — Registered No. 121

City Missouri (No. St Louis Hospital (county) St. ..... Ward)

2. FULL NAME Robert Lee Shriner

(a) Residence, No. 6416 Etzel Ave St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary woodlock Shriner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	7	1	

OCCUPATION

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

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) ..... 11. Total time (years) spent in this occupation

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

FATHER

13. NAME Robert Shriner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Henry McCarthy
(ADDRESS) 6416 Etzel Ave,

18. BURIAL, CREMATION, OR REMOVAL

PLACE ~~Memorial Park~~ DATE ~~Mon~~ 19 ~~37~~

19. UNDERTAKER ~~Sullivan Brothers~~ 3849
(ADDRESS)

20. FILED 3/26 1937 Dr A J Sgaiorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:20 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
ABC	

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation None Date of —
What test confirmed diagnosis? Medical History Was there an autopsy? Yes

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) John D Connell M. D.
(Address) Coroner, St. Louis Co.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD