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.

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No. 15907

Township Carondelet — Primary Registration District No. 200 — Registered No. 740

City ~~Jefferson Barracks~~ (No. VETERANS FACILITY St. Ward)

2. FULL NAME Ray L. SHIRLEY 640

(a) Residence, No. 1107 Grason Street St., Ward. Benton, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ethel Shirley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	45	3	22	

OCCUPATION

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

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) Mount Vernon, Illinois

FATHER

13. NAME Charles Shirley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Illinois

MOTHER

15. MAIDEN NAME Maranda Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Illinois

17. INFORMANT (ADDRESS) Clinic M. Clerk Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton, Illinois DATE April 23, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED 4-23, 1938 T. R. Meyer M.D. Sr. P.N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1938, to April 23, 1938

I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 3:50A m.

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

	Date of onset
Arteriosclerosis, generalized	Unkn.
93C	

Other contributory causes of importance:

Coronary occlusion; myocardial infarct; aortitis; myocardial degeneration, congestive type of cardiac failure (myocarditis) Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

707

LCB