

N. R.—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.

Registration District No. 784 Primary Registration District No. 200 State File No. _____ Registrar's No. 172

1. PLACE OF DEATH:
 (a) County St. Louis,
 (b) City or town Rural, Meremac Jimshh.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Old State Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No.
 (Specify whether
 In this community 52 years,
 years, months or days)

3. (a) PRINT, FULL NAME Floyd Shotwell,
 3. (b) If veteran, name war No.
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Helena Shotwell,
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 10, 1887
 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Glencoe, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Superintendent,

11. Industry or business W. P. G. Project, 0

12. Name Kenneth Shotwell, 0

13. Birthplace Glencoe, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Stevens,

15. Birthplace Manchester, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Shotwell

(b) Address Ellisville, Mo.

17. (a) Burial, (b) Date thereof 1/25/40
 (Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation E. Cem. Manchester, Mo.

18. (a) Signature of funeral director W. E. Conrad

(b) Address Ballwin, Mo.

19. (a) JAN 24 1940 (b) D. R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis,
 (c) City or town Rural,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Old State Rd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22,
 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Suicide by firearms (rifle, 22cal)

Due to Gun shot wound of the head 1/22/40
(thru & thru) 1/22/40

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 167 PHYSICIAN _____
 Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
Jan 22, 1940
 (b) Date of occurrence
Glencoe, Mo.
 (c) Where did injury occur? (City or town) (County) (State)
Home
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) G.S. Wd of head
 (e) Means of injury

23. Signature John Connell (M. D. or other) _____
 Address Coroner of St. Louis County Date signed 1/24/40

B.C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Thos Debrauw

Licensed Embalmer No. *3066*

P. O. Address *Billwau, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.