

State File No. _____

Registration District No. 284

Primary Registration District No. 117

Registrar's No. 2070

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
935 Newport
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 935 Newport
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Alexander Lytle Shoults

20. DATE OF DEATH: Month Nov. day 3
year 1940 hour 2 minute 2 a.m.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Nov. 3
1940, to Nov. 3, 1940
that I last saw him alive on Nov. 3, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

Immediate cause of death
Coronary Disease Duration 2 yrs

6. (b) Name of husband or wife Mary Ella Shoults 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 29 1859
(Month) (Day) (Year)

Due to Arteriosclerosis

8. AGE: Years 81 Months 1 Days 4 If less than one day
_____ hr. _____ min.

Due to 948
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lumber Business

12. Name William A. Shoults

13. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jane Lightle

15. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Dan M. Shoults

(b) Address 935 Newport

17. (a) Burial (b) Date thereof 11-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd

19. (a) NOV 4 1940 (b) W. M. Mays
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Foster A. Dill (M. D. or other) M.D.
Address 7346 Manchester Date signed 11/4/40

7548 McArthur Co

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 *Edwin M. Hermath*
Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.