

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28242

Registration District No. 291

Primary Registration District No. 4175

Registrar's No.

1. PLACE OF DEATH

(a) County Franklin
(b) City or town Moselle, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 1 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Robert Shoemaker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG. 16, 1929
(Month) (Day) (Year)

8. AGE: Years 12 Months 7 Days _____ If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name CHAS. SHOEMAKER
13. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)
14. Maiden name ELEANOR REARICH
15. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

16. (a) Informant CHAS. SHOEMAKER

(b) Address ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof AUG. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS, MO.

18. (a) Signature of funeral director BEIDERWIEDEN

(b) Address ST. LOUIS, MO. 267

19. (a) 8-24-1941 (b) Laura Moody
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5322 LABADIE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1941 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Accidental Drowning

Due to in Meramec River

Due to at Moselle, Missouri

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) Accident

(b) Date of occurrence August 23, 1941 036

(c) Where did injury occur? drowning Moselle Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Meramec River

While at work? _____ (Specify type of place)

23. Signature Gerald Altman _____ (Registrar's signature)
Address St. Louis, Missouri Date signed 8-23-41

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

SEP 2 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.