

0. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36104

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2217

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:
117 E. CEDAR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 YRS
years, months or days

3. (a) PRINT FULL NAME WILLIS WARREN SHOCK

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

7. (b) Name of husband or wife JENNIE SHOCK 7. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST-23-1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 10 If less than one day hr. min.

9. Birthplace ROCKFORD OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation OIL BUSINESS

11. Industry or business 15 YRS RETIRED

12. Name LEVI SHOCK

13. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARY CARR

15. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Guerin

(b) Address 117 EAST CEDAR AVE.

17. (a) BURIAL (b) Date thereof NOV. 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROCKFORD - OHIO

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) NOV 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL.")

(d) Street No. 117 E. CEDAR AVE.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 2nd
year 1941 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1938
to Nov 1941

that I last saw him alive on Oct 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis - Myocarditis

Due to with bladder trouble

Other conditions 932!
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Drew M. Blanchard (M.D. or other)

Address Webster Groves Mo. Date signed Nov 3 1941

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

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

101 (Licensed Embalmer's Statement on Reverse Side)

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, *bb Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Mass*

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.