

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

850

State File No.

Registrar's No.

567

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital A
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN R. SHOTLIFF.

3. (b) If veteran, name war none
3. (c) Social Security No. 6492-03-6563

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

6. (b) Name of husband or wife Edna C. Shotliff
6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 12 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 7 5 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ass't Dept. Mngr.,

11. Industry or business Eli-Walker D & G Co.

12. Name John Ranson Shotliff

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

14. Maiden name Dorothy Arado.

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Cave Shotliff.

(b) Address 7571 Buckingham, Dr.

17. (a) burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director. C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) JAN 19 1942 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Clayton,
(If outside city or town limits, write "RURAL") 2
(d) Street No. 7571 Buckingham, Drive. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1942 hour 6⁰⁰ minute _____ a.m.

21. I hereby certify that I attended the deceased from Jan 11
1942 to Jan 17 1942
that I last saw him alive on Jan 16 or 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal pneumonia Duration 1 wk.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Influenzal pneumonia

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? _____

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

23. Signature Russell B. Grant (M. D. or other) D. M. D.

Address 114 N. Taylor Ave Date signed 1/18/42

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

Dr. Sam Grant.
114 N. Taylor.
JE- 8600

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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, fact should be so stated above.