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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13068

Registrar's No. 3605

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:
2703 Hadley St /
(If not in 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2 000 617

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2703 Hadley St 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Howard Shore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 6 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retired Railroad Tower Man

11. Industry or business 8 years ago

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pete Esloff
(b) Address 2703 Hadley St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc
(b) Address 1936 St Louis Ave

19. (a) APR 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) 4UV

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from 2/1 1942 to 4/21 1942
that I last saw him alive on 4/21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Old age
Arteriosclerosis
Due to Hand Bronchial Pneumonia

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 107
Of autopsy None

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)
(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 0

23. Signature John S Young (M. D. or other)
Address 2806 Hadley. Date signed 4/23/42

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.