S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19078

Registration District No. 7 8

Primary Registration District No. 200

Registrar's No. 1303

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HALLS FERRY MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether yrs., mos. or days)
In this community: Longer than [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 000 17
(c) City or town: ST LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 59-- Park 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM A. SHAVER

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

4. Sex: MALE 0 | 5. Color or race: WHITE | 6. (a) Single, widowed, married, divorced: WIDOWED

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

7. Birth date of deceased: SEPT (Month) 17 (Day) 1873 (Year)

8. AGE: Years 68 | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: RETIRED RAILROAD ENGINEER

11. Industry or business:

FATHER
12. Name: PHILIP W. SHAVER
13. Birthplace: 1 OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: NANCY C. RUNDLE
15. Birthplace: 1 KANSAS (City, town, or county) (State or foreign country)

16. (a) Informant: CHAS. W. SHAVER
(b) Address: 5432 GRAVOIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 15 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt HOPE CEM.

18. (a) Signature of funeral director: Thos Lutis & Son
(b) Address: 2906 Lawton Ave

19. (a) JUN 15 1942 (Date received by registrar) (b) E. F. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12 year 1942 hour 2 05 minute P. M.

21. I hereby certify that I attended the deceased from June 8 1942 to June 12 1942 and that I last saw him alive on June 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis — Duration

Due to: —

Due to: —

Other conditions: Diabetic ++++
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No

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): 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: Hellis Shaver (M. D. or other)
Address: 4932 Maryland ave Date signed 6-14-42

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1943

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 David. Van Fossan., Registered Apprentice No. ..... working under my personal supervision.

Signed David. Van Fossan.

Licensed Embalmer No. 42 42

P. O. Address 2906 Grasois.

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.