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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No. 39783

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10815

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:
5370 N. Kingshighway Blvd. 1
(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 17

(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No. 5370 N. Kingshighway Blvd. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Homer P. Shaffner

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anne Shaffner

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

7. Birth date of deceased April 1, 1869. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	8	hr. min.

9. Birthplace Louisiana, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Street Carmen

11. Industry or business Public Service Co.

FATHER
12. Name Samuel C. Shaffner
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Fuqua
15. Birthplace Maryland 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harry K. Shaffner
(b) Address 5370 N. Kingshighway Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1945 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 16, 1943, to Dec. 9, 1945
that I last saw him alive on Dec 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis — Duration 2 yrs

Due to Arteriosclerosis — 2 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Theodore Greene (M. D. or other)

Address 4500 Clover Date signed 12/10/45

(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 Ralph Linders

Licensed Embalmer No. 4275

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.