No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 25 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 15643

Primary Registration District No. 100

Registrar's No. 3885

**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: 3539 Bingham Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County

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

(d) Street No.: 3539 Bingham Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carinne E. Shaver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Oscar Shaver

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

7. Birth date of deceased: December (Month) 23 (Day) 1899 (Year)

8. AGE: Years 47 | Months 3 | Days 18 | If less than one day hr. min.

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

10. Usual occupation: Clerk-War Dept.

11. Industry or business

MOTHER FATHER

12. Name: Walter S. Hilton

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

14. Maiden name: Mary Williamson

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

16. (a) Informant: Clyde Hilton

(b) Address: 2129 Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Pauls Church Yard

18. (a) Signature of funeral director: Hacker-Helderle

(b) Address: 3634 Gravois Ave.

19. (a) APR 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 11 th year 1947 hour 9 minute 9:50 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Suffocation by Drowning
When she was found in bath tub at her home on
Date April 11th 1947 About 9:15 PM
Due to: Guise and Feature of same
Could not be determined

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature: (M. D. or other)

Address: Date signed 4/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1947

APR 30 1947

MAY 1 1947

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.....

Licensed Embalmer No. 2645

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.