S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 19355

FILED JUN 14 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5632

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis Ward 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

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

(d) Street No. 5735 Etzel Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROGER DANIEL SHALES

3. (b) If veteran, name war

3. (c) Social Security No. 438-10-9878

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 31, 1896 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 7 | 5 | hr. min. |

9. Birthplace Black Rock (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Structural Iron Worker

11. Industry or business

FATHER
12. Name George Shales
13. Birthplace Black Rock (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Gay Mace
15. Birthplace Black Rock (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Joe Cousins
(b) Address 618 N. Newstwead Ave St. L. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill, Kirkwood, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave., Maplewood, Mo.

19. (a) JUN 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 6th year 1947 hour 5 minute 25 A.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 | Duration |
|---|---|
| Cerebral Vascular Sclerosis | |
| Pulmonary Congestion | |
| Due to | |
| Due to | |
| 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? (e) Means of injury

23. Signature Thomas F. Callan (M. D. or other)

Address Coroner Date signed 6-7-47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**