S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22652

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5790

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

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis,Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3658 Lierman
(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 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 15 3658 Lierman 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert C Showman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu E.Showman
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased September 12, 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business Retired
FATHER
12. Name Peter Showman
13. Birthplace (City, town, or county) Penn. (State or foreign country)
MOTHER
14. Maiden name Margaret Caldwell
15. Birthplace (City, town, or county) Penn. (State or foreign country)
16. (a) Informant Lulu E. Showman
(b) Address 3658 Lierman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation St.Peters Cemetery
18. (a) Signature of funeral director Edith E.Ambruster
(b) Address 4234 Manchester Ave.
19. (a) JUN 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour ~~12:30 P.M.~~ 2 minute 450 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 Coronary Thrombosis
Due to
Due to 94a
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 3
23. Signature Patrick E. Dugan (M. D. or other)
Address Date signed 6/12/47

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 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.