S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40179

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10576

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

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: 4570 Easton Ave.
(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. 4570 Easton Ave. 19
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rose Shearron

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Shearron

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 20 (Day) 1889 (Year)

8. AGE: Years 58 Months 7 Days 25 If less than one day hr. min.

9. Birthplace St. Francis Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Sumter
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Margaret Crallinger
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant William J. Hughes
(b) Address 4570 Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Herculaneum, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd

19. (a) NOV 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15 year 1947 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1st 1946 to Nov 15 1947 that I last saw her alive on November 14th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma	1½
Primary of Descending Colon	Yr
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 Clyde E. Kane (M. D. or other) M. D.

Address 706 Walton Date signed 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1941

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 John S. Kennedy

Licensed Embalmer No. 4194

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.