S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 24 1947

Registration District No. 312

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43865

Registrar's No. 2609

96

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community 19 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saint Clair

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

(d) Street No. 1531 Baker.
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME SHAFFER, Sheffield

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex 2 Male

5. Color or race Negro

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

6. (b) Name of husband or wife Lilie

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September (Month) 2 (Day) 1888 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 3 | 15 | hr. min. |

9. Birthplace Siloam, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Sam Shaffer
13. Birthplace West Point, Miss.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rollie Cooks,
15. Birthplace West Point, Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address VAH, Jeff. Brks. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director P. Q. Criggler
(b) Address 1036 Tudor, E. St. Louis, Ill.

19. (a) 12-18-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1947 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from November 29, 1947 to December 17, 1947
that I last saw him alive on December 17, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CARDIO VASCULAR THROMBOSIS | Unk |
| Due to BRONCHO PNEUMONIA | |
| Due to 940 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy Autopsy performed (see cause of death)

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 0

23. Signature L. E. Stilwell (M. D. ~~or other~~)
Address Jefferson Barracks, Mo. Date signed 12/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 29 1947

DEC 29 1947

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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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Alton Ill

**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.**