. S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3093

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 802

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 14
(d) Street No. 12 W. Cedar. N.R
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Millard F Shryer
3. (b) If veteran, name war No.
3. (c) Social Security No. 010-05-8537

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 6, 1892 (Month) (Day) (Year)

8. AGE: Years 55 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Hopkinsville, Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Motor Equipment Wholesales Assn.

FATHER
12. Name Millard F. Shryer
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Hanbery
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Shryer,
(b) Address 12 W. Cedar, Webster Groves.
17. (c) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkinsville, Ky.
18. (a) Signature of funeral director Craig Mortuary,
(b) Address 4468 Washington-B-
19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1948 hour 6 minute 00-A M.

21. I hereby certify that I attended the deceased from Dec 10, 1947 to Jan 26, 1948; that I last saw him alive on Jan 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia & respiratory failure	
Due to Metastatic carcinoma of lung	
Due to Carcinoma of kidney Primary site Kidney	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinomatosis from carcinoma of kidney

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 Ralph V. Sheadon (M. D. or ---)
Address Barnes Hospital Date signed 1/26/48

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

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 Philip M. Lewis

Licensed Embalmer No. 3281

P. O. Address Saint Louis -8-

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.