No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28214

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7127

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: HOMER G PHILLIPS (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 MO (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1513 SO 3 Rd St (If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JEFFERSON SHORES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race COL

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

6. (b) Name of husband or wife JENNIE SHORES

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JAN (Month) 7 (Day) 1872 (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name CHARLEY SHORES
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name JANE TYLER
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant JENNIE SHORES

(b) Address 1513 SO 3RD ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-17/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director E. A. GREEN

(b) Address 4214 DELMAR BLVD

19. (a) AUG 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1948 hour 7:04 minute P M.

21. I hereby certify that I attended the deceased from 1 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 Heat Exhaustion

Due to

Due to 191

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 17

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) 000 (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 Belvert E Smith (M. D. or other)

Address Date signed 8/13/48

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.