

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32411**

BIRTH NO. <b>62035-49</b>		REG. DIST. NO. <b>217</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>4083</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis Co.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>St. Louis Co.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 hr</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ROBERTSON</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Rt 2 Box 299</b>			
3. NAME OF DECEASED (Type or Print) <b>BABY GIRL</b>			a. (First) <b>SHOEMAKE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9, 1949</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>		8. DATE OF BIRTH <b>9-9-49</b>	
9. AGE (In years, if UNDER 1 YEAR last birthday) <b>1</b>		10. MONTHS <b>1</b>		10. DAYS <b>12</b>		9. AGE (In years, if UNDER 1 YEAR last birthday) <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>CLAYTON, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>VIRGIL SHOEMAKE</b>			13b. MOTHER'S MAIDEN NAME <b>MAE WOODLAND</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robertson</b> ADDRESS <b>none</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital heart disease incompletely diagnosed.</b>					
		DUE TO (c) <b>Palpitations</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Palpitations</b>				<b>7544</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept. 9, 1949</b> , to <b>Sept. 9, 1949</b> , that I last saw the deceased alive on <b>Sept. 9, 1949</b> , and that death occurred at <b>1:15 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Russell R. Anderson MD</b>				23b. ADDRESS <b>601 Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>9-9-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9/30/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis City Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-30-49</b>		REGISTRAR'S SIGNATURE <b>Robertson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.