

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15457

FILED MAY 5 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1134**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VET. HOSP. JEFF. BRKS, MO.		c. LENGTH OF STAY (In this place) 17 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 509 N. 63rd St.,	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) E. c. (Last) SHAWEN			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-28-93	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 5	IF UNDER 30 HRS. Days 3	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) E. St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alonzo Shawen	13b. MOTHER'S MAIDEN NAME Julia Gurney	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS		9 yrs	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 58107A	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **4-14**, 19**50**, to **5-1**, 19**50**, and that death occurred at **5:20A** m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Stover, M.D. (Degree or title) CHIEF, PROFESSIONAL SERVICES	23b. ADDRESS V.A. HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 5-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 4 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, ILLINOIS
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MAY 2 1950 LOCAL REG.	REGISTRAR'S SIGNATURE Robert Stover, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE NELL WALSH BARNES FUNERAL HOME, E. St. Louis	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 0 1950

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Phillip Ogden

Signed.....
Student Embalmer

Licensed Embalmer No. *7091*

P. O. Address *St. Louis, 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.