No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1950

State File No. 39043

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9546

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (In this place): 28 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo Pac Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo 2049
d. STREET ADDRESS (If rural, give location): 6912 Wise Ave

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): AMBROSE
c. (Last): SHEARN Sr

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9 '50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Feb 22-1884
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months 8 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asbestos Worker
10b. KIND OF BUSINESS OR INDUSTRY: Insulating Mat Co
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Shearn
13b. MOTHER'S MAIDEN NAME: Catherine Fitzgerald
14. NAME OF HUSBAND OR WIFE: Mary Shearn Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-03-1063
17. INFORMANT'S SIGNATURE OR NAME: George Shearn
ADDRESS: 6912 Wise Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

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. Bronchiectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 4331

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* Nov 8, 1950, *that I last saw the deceased alive on* Nov 8, 1950, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl L Keffler M.D.
23b. ADDRESS: 1139 Bellefontaine Ave.
23c. DATE SIGNED: Nov. 9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 11-1950
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem
24d. LOCATION (City, town, or county) (State): St Louis City

DATE REC'D BY LOCAL REG.: NOV 10 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: T H Bockerge
ADDRESS: 6536 Clayton Rd Rich Hts 17 Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ellsworth Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.