No. 300
10.48

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

FILED JAN 13 1951
#117943

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42840

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11258

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

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 2239
d. STREET ADDRESS (If rural, give location): 1212 Shenandoah 0

23

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle):
c. (Last): SHOULTS

4. DATE OF DEATH (Month) (Day) (Year): December 28th,1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr.18 1895
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St.Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William Shoults
13b. MOTHER'S MAIDEN NAME: Nellie Euge
14. NAME OF HUSBAND OR WIFE: Margaret Shoults

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-09-5918
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Margaret Shoults 1212 Shenandoah

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) Dissecting aneurysm — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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?

H-57X

22. *I hereby certify that I attended the deceased from* 12/26/50, 19____, *to* 12/28/50, 19____, *that I last saw the deceased alive on* 12/28/50, 19____, *and that death occurred at* 11:05am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Kupm MD 0
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 12/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-51
24c. NAME OF CEMETERY OR CREMATORY: St.Trinity Lutheran
24d. LOCATION (City, town, or county) (State): St.Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JAN 2 1951
REGISTRAR'S SIGNATURE: J. B. Lusatco
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos.P.Fendler Jr.7128 Michigan

(Licensed Embalmer's Statement on Reverse Side)

11258

FEB 28 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clarence Lockow

Signed.....
Student Embalmer

Licensed Embalmer No. 3093

P. O. Address 7178 Michigan

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.