

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18600

BIRTH NO. 33557-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4048

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ann 2079	
		d. STREET ADDRESS (If rural, give location) 10227 St. KATHERINE AVE	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) LOUIS c. (Last) SHINKLE			4. DATE OF DEATH (Month) (Day) (Year) 4-27-51		
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) O	
8. DATE OF BIRTH 4-25-51		9. AGE (in years last birthday) 2		IF UNDER 1 YEAR Months Days Hours Min. 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo. O	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME VERNON KENNETH SHINKLE		13b. MOTHER'S MAIDEN NAME EVELYN MAILIDA THELE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVELYN SHINKLE, 10227 St. KATHERINE St. ANN, MO.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Parent foramen ovale 2 days	
		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 <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? 754.3	

22. I hereby certify that I attended the deceased from 4-25, 1951, to 4-27, 1951, that I last saw the deceased alive on 4-27, 1951, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Peter Ardecker M.D.		23b. ADDRESS 508 N. Grand Blvd		23c. DATE SIGNED 4/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/30/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. APR 30 1951		REGISTRAR'S SIGNATURE J. D. Asato		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.	
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Dr. Max Goldensen,
Metropolitan Bldg.

(10:30 to 12)
(3 to 5)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.