S. No. 300
v. 10.48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31849

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8339

3

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
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) Enroute City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2109
d. STREET ADDRESS (If rural, give location) 2911 Dodier St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Patrick
b. (Middle) Douglas
c. (Last) Shore

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2
8. DATE OF BIRTH July 6, 1912
9. AGE (In years last birthday) 39 — 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) Manager
10b. KIND OF BUSINESS OR INDUSTRY Bowling Alley
11. BIRTHPLACE (State or foreign country) Chippewa Co., Minn. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Leslie Shore
13b. MOTHER'S MAIDEN NAME Cora Sharron
14. NAME OF HUSBAND OR WIFE Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 483-05-7612
17. INFORMANT'S SIGNATURE OR NAME Cora Shore — **ADDRESS** 11 S. 12th, Minneapolis, Minn

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) Carbon Monoxide Poisoning when deceased was found seated in his automobile with a piece of garden hose attached from the exhaust pipe and inserted through trunk and up to the rear seat of the automobile

DUE TO (b)

DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Sept 18 1951 at about 1830 hrs Suicide
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) automobile
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 51 1030 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E972X

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1030 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 9/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-20-51
24c. NAME OF CEMETERY OR CREMATORY Fort Snelling
24d. LOCATION (City, town, or county) (State) Minneapolis, Minn.

DATE REC'D BY LOCAL REG. SEP 20 1951
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe — **ADDRESS** 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1958

MAR 7 1958

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.