

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILE # 101-641
MAY 9 - 1952

4000

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>12235</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CREVE COEUR</u>		4730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>BALLAS & OLIVE STREET ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>G.</u>		c. (Last) <u>SHUTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-25-94</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAB COMPANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROCKFORD, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRED SHUTE</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE GORDON</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE SHUTE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>198-05-0723</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic and Hypertensive Cardiovascular Renal disease resulting in Uremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Adeno-carcinoma prostate with metastases to bladder, bone and lungs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>7 days</u> <u>12 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>VA</u>		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 <u>4-25-52</u> , 19 <u>52</u> , to <u>5-5-52</u> , 19 <u>52</u> , that I last saw the deceased <u>XXXXXX</u> , and that death occurred at <u>12:00 noon</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. A. ALLEN R. A. Allen</u>				23b. ADDRESS <u>M.D. VA HOSPITAL, JEFF. BKS, MO.</u>		23c. DATE SIGNED <u>5-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-6-52</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros Inc</u>		ADDRESS <u>2504-Woodson Rd-Overland-11-Mo.</u>	

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.