

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22642**
 Registrar's No. **5083**

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFAADING 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169	
d. STREET ADDRESS (If rural, give location) 16 3539 McKEAN			
3. NAME OF DECEASED (Type or Print) a. (First) NELSON b. (Middle) O. c. (Last) SHEARER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 2 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 30 1914
9. AGE (In years last birthday) 37		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIRE MAN	10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS FIRE DEPT
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME RICHARD SHEARER		13b. MOTHER'S MAIDEN NAME OLIVE KIRKHAM	
14. NAME OF HUSBAND OR WIFE EILEEN SHEARER			
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.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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) Carbon Monoxide poisoning self administered in his car at Cherokee and Arkansas exit 655 near on June 2 1952 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. 1952	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2 5:36 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9.731			
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 655A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E. Taylor 3 Foreman		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE June 4 1952	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
DATE REC'D BY LOCAL REG. JUN 3 1952		REGISTRAR'S SIGNATURE Charles Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Grand	

(Licensed Embalmer's Statement on Reverse Side)

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..... Signed *Leo J. Budde*
Student Embalmer

Licensed Embalmer No. *3989*

P.O. Address *St. Louis*

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.