

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22913**

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1512**

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		b. COUNTY St. L.	
c. LENGTH OF STAY (in this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) Brentwood	
d. FULL NAME OF (If not in hospital or institution, give street address or location) County Hosp.		d. STREET ADDRESS (If rural, give location) 2611 Cecelia	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Jean E.	b. (Middle)	c. (Last) Shults	(Month) June	(Day) 6	(Year) 1952

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1905	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 3 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Work	10b. KIND OF BUSINESS OR INDUSTRY SHEET-METAL	11. BIRTHPLACE (State or foreign country) Salem, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Elisha Shults	13b. MOTHER'S MAIDEN NAME Martha Arnett	14. NAME OF HUSBAND OR WIFE Eugean Shults
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE 494-07-3140	17. INFORMANT'S SIGNATURE OR NAME Eugean Shults - 2611 Cecelia	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes		INTERVAL BETWEEN ONSET AND DEATH suic
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title)	23b. ADDRESS 651 S. Brentwood, Clayton	23c. DATE SIGNED 6-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-9-1952	24c. NAME OF CEMETERY OR CREMATORY Dry Fork	24d. LOCATION (City, town, or county) (State) Salem, Mo.
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DATE REC'D BY LOCAL REG. 6-9-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith - 7456	ADDRESS Manchester
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

A. P. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.