S. No. 300
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FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36838

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9529

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

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1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.

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) Lutheran 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 2019

d. STREET ADDRESS (If rural, give location) 7020 Minnesota Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Douglas b. (Middle) J. Shay c. (Last) (Ed)

4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1952

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH Jan. 30, 1897

9. AGE (In years last birthday) 55 — 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) pipefitter-Anheuser

10b. KIND OF BUSINESS OR INDUSTRY Busch

11. BIRTHPLACE (City and State or Foreign Country) Missouri 1

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Timothy Shay

13b. MOTHER'S MAIDEN NAME Christina Johnson

14. NAME OF HUSBAND OR WIFE Catherine Shay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-03-8887

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Shay 7020 Minnesota

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) PORTAL CIRRHOSIS — INTERVAL BETWEEN ONSET AND DEATH 1 Mo

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
SECONDARY HEMORRAGE — 1 WEEK

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 5810

22. *I hereby certify that I attended the deceased from* 9-14, 1952, *to* 10-13-52, 19___, *that I last saw the deceased alive on* 10-12-52, 19___, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Theo. H. Hauser M.D.

23b. ADDRESS 3701 Grandel Square

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 10-17-52

24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.

24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. OCT 15 1952

REGISTRAR'S SIGNATURE J. Earl Smith M.D. MJB

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

Dr. Theo. Hanser

Grandell Square

2 to 4 p.m.

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.