

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36843**  
Registrar's No. **9929**

BIRTH NOV 13 1952

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

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

|   |                                  |  |  |   |  |  |   |  |
|---|----------------------------------|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                                  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                |  | 2119   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3640 Page Blvd.</b>   |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>3640 Page Blvd.</b>   |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Dennis Shine</b>  |                                  |  | a. (First)                                       | b. (Middle)   | c. (Last)                                    | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 28, 1952</b>          |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>                         | 8. DATE OF BIRTH<br><b>Feb. 1, 1882</b>          |   | 9. AGE (In years last birthday)<br><b>70</b> | IF UNDER 1 YEAR<br>Months  | IF UNDER 12 HRS.<br>Hours   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plumber</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Himself</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U</b>                               |   |  |
| 13a. FATHER'S NAME<br><b>Dennis Shine</b>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary O'Brien</b> |   |  | 14. NAME OF HUSBAND OR WIFE  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Anna Shine, 3640 Page Blvd.</b>   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.        |                                  |  |  |   |  |  |   |  |
| MEDICAL CERTIFICATION   |                                  |  |  |   |  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  |                                  |  |  |   |  |  |   |  |
| ANTECEDENT CAUSES   |                                  |  |  |   |  |  |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                                  |  |  | DUE TO (b) <b>Cerebral Apoplexy</b>   |  |  |   |  |
| 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?<br>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) (Min.)  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>334X</b>   |  |  |   |  |
| 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 <b>500A</b> m., from the causes and on the date stated above. |                                  |  |  |   |  |  |   |  |
| 23a. SIGNATURE<br><i>[Signature]</i>  |                                  |  |  | 23b. ADDRESS<br><b>1300 Clark</b>   |  | 23c. DATE SIGNED<br><b>10/29/52</b>                                    |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>10-30-52</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |   |  |
| DATE REC'D BY LOCAL REG.<br><b>OCT 29 1952</b>  |                                  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Cullinane Bros. 3320 N. Kingshighway</b>   |  |  |   |  |

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Fred Frick*

Signed.....

Student Embalmer

Licensed Embalmer No. 3186

P. O. Address. St. Louis, 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.