FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34046

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8492

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): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2159
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 13 4142a Nebraska

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Ernest B. Shadden

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1953

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Dec. 8, 1892 1

9. AGE (In years last birthday): 60 — 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): Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Illinois /

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Unknown Shadden

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Ireme Mary Shadden

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

16. SOCIAL SECURITY NO.: 497-05-6675

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Irene Shadden 4142a Nebraska

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) Anuric nephrosis due to trauma. — INTERVAL BETWEEN ONSET AND DEATH: following

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) injuries suffered when struck by car operated by one Albert Sharp who left scene at or in front of about

DUE TO (c) 3951 So. Broadway about 8:13 P.M.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* August 22, 1953 Criminal carelessness

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): 500 E812.4

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

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

21f. HOW DID INJURY OCCUR?: 25

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* 440p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Durand Deputy Coroner 3

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-2-53

24c. NAME OF CEMETERY OR CREMATORY: National Cemetery

24d. LOCATION (City, town, or county) (State): Jeff. Brks, Mo.

DATE REC'D BY LOCAL REG.: SEP 1 1953

REGISTRAR'S SIGNATURE: J. Carl Smith M.D. MJB

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

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.