

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34687

State File No.

XC 489 597
R.# 111 150

No. 300
10.48

BIRTH NO. FILED OCT 2 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2327

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2299	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 83 days	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) # 8, S 21st STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) SIE	b. (Middle) (NMI)	c. (Last) SHORES	4. DATE OF DEATH (Month) (Day) (Year) 8-28-53
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5. SEX MALE 2	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-10-91	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) MINERAL ? 0	12. COUNTRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHARLIE SHORES	13b. MOTHER'S MAIDEN NAME KATIE COLE	14. NAME OF HUSBAND OR WIFE CORNELIA SHORES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE LUNGS WITH METASTASES INTO THE BRAIN		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		163X	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-4-53**, 19___, to **8-28-53**, 19___, ~~that I have seen the deceased~~ **and that death occurred at 9:15A m., from the causes and on the date stated above.**

23a. SIGNATURE Milton H. Kincoff M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 8-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-53	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Herculaneum, Mo.
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DATE REC'D BY LOCAL REG. 9/31/53	REGISTRAR'S SIGNATURE Hebert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home. 1000
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(Licensed Embalmer's Statement on Reverse Side)

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

40000

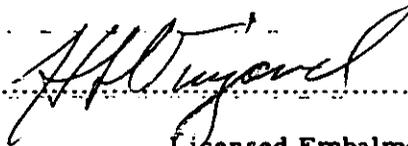
FEB 17 1954

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
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3010

P. O. Address Fertus

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.