

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40831**
Registrar's No. **10532**

FILED NOV 24 1953
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | e. STREET ADDRESS (If rural, give location) 5208 Wabada Ave., | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Joseph c. (Last) Mc.Shane | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Sept. 8, 1905 |
| 9. AGE (In years last birthday) 48 | | 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) Deputy Sheriff | | 10b. KIND OF BUSINESS OR INDUSTRY City St. Louis | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? 0 | |
| 13a. FATHER'S NAME John Mc.Shane | | 13b. MOTHER'S MAIDEN NAME Mary Moran | |
| 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) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Helen Mc.Shane, 5208 Wabada Ave., | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon 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 1950 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon. | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH 1 year 3 years. | |
| 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? 153X | |
| 22. I hereby certify that I attended the deceased from March, 1950 , to Nov, 1953 , that I last saw the deceased alive on Nov 4, 1953 , and that death occurred at 8:2 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Martin W. Davis, MD | | 23b. ADDRESS 539 N. Grand | |
| 23c. DATE SIGNED 11/6/53 | | 24. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-7-1953 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| DATE REC'D BY LOCAL REG. NOV 6 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE John P. Callaway | |
| ADDRESS 3320 N. Kingshighway | | 25. FUNERAL DIRECTOR'S ADDRESS | |

mgs
(Licensed Embalmer's Statement on Reverse Side)

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.....
Fred Prick

Licensed Embalmer No....3186.

P. O. Address .St...Louis, .M

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.