

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41143

State File No. _____
Registrar's No. 10829

FILED NOV 27 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>24 2908 Saluna</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerold</u>		b. (Middle) <u>lynn</u>		c. (Last) <u>Shadowen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-53</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>11-10-53</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____
IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hour _____	IF UNDER 1 HRS. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Herrin, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Shadowen</u>		13b. MOTHER'S MAIDEN NAME <u>Violotgart</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. Johnston 500 S. Kingshighway</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meconium peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Meconium ileus</u> DUE TO (c) <u>Cong. Volvulus of small intestine</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>3 day</u> <u>3 day</u>
19a. DATE OF OPERATION <u>11-11-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Same as above</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7562</u>				
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>53</u> , to <u>11-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>53</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John C. Henney M.D.</u>		23b. ADDRESS <u>Children's Hospital</u>		23c. DATE SIGNED <u>11-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 16 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Union F.H., West Frankfort, Ill.</u>		

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

100-47

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 _____

J. Allen Davis
Licensed Embalmer No. 4053

P. O. Address _____
St. L.

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.