

STANDARD CERTIFICATE OF DEATH

State File No. **6815**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1529**

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| 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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4217 E. Evans | | d. STREET ADDRESS (If rural, give location) 4217 E. Evans Avenue | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) D. c. (Last) Shuler | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954 |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Jan. 16, 1890 |
| 9. AGE (In years last birthday) 64 | | 10. KIND OF BUSINESS OR INDUSTRY Pvt. Family | 11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Julius Shuler | 13b. MOTHER'S MAIDEN NAME Agnes Williams | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 499-34-1345 | 17. INFORMANT'S SIGNATURE OR NAME Geraldine Scales |
| | | ADDRESS 4624 Elmbank |

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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) Myocardial Infarction | | minutes |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heartble DUE TO (c) Hypertension | | 2-3 yrs 2 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |

22. I hereby certify that I attended the deceased from **2/8/54**, 19**54**, to **2/12**, 19**54**, that I last saw the deceased alive on **2/8**, 19**54** and that death occurred at **9:30** a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE H. Schuff | (Degree or title) M.D. | 23b. ADDRESS 457 N. Kingshighway | 23c. DATE SIGNED 2/16/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2/17/54 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| DATE REC'D BY LOCAL REG. FEB 18 1954 | REGISTRAR'S SIGNATURE Charles J. Gates | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | |
| | | ADDRESS 4107 Finney Ave. | |

WRITE 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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

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.