No. 300
10.48

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3093

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0749

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
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
c. CITY OR TOWN: SAINT LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4503 Blair Avenue 7

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): A
c. (Last): SHANKS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 29,1913
9. AGE (In years last birthday): 41 — 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): Unemployed Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Office Clerk
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ANTHONY L SHANKS
13b. MOTHER'S MAIDEN NAME: MARIE SCHLEEENDORF
14. NAME OF HUSBAND OR WIFE: JUNE H.SHANKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs.June Shanks, 4010 Lexington Ave. 7

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) Gunshot wound of abdomen and liver; self inflicted, in the home at 4503 Blair Ave

ANTECEDENT CAUSES, *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) January 24, 1955, about
DUE TO (c) 500 pm. It kill suffering

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Temporary mental disturbance

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Suicide
20. AUTOPSY? YES [V] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 24 55 5.00 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? E977X

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

23a. SIGNATURE: Patrick F. Taylor (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 1-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan.28,1955
24c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis County Missouri

DATE REC'D BY LOCAL REG.: JAN 26 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: CALVIN F.FEUTZ, 4828 Nat'l.Bridge 15
(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 41

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.