

FILED FEB 17 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1126**

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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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 2 Days | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | e. STREET ADDRESS (If rural, give location) 2229 1809 Rutger | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) G | |
| c. (Last) Shields | | 4. DATE OF DEATH (Month) (Day) (Year) 2 4 55 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 21, 1883 |
| 9. AGE (In years last birthday) 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Clerk | 11. BIRTHPLACE (City and State or Foreign Country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Daniel K. Shields | |
| 13b. MOTHER'S MAIDEN NAME Josephine Lawson | | 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. 498-16-2822A | |
| 17. INFORMANT'S SIGNATURE OR NAME Harry Fender, Park Plaza Hotel, St. Louis | | ADDRESS | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 490X |

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 **2:30 p.m.**, from the causes and on the date stated above.

| | | | |
|--|-------------------------|--|--|
| 23a. SIGNATURE Patrick P. Taylor Caravel | (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 2-7-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2-8-1955 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri |

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|---|--|--|---|
| DATE REC'D BY LOCAL REG. FEB 7 1955 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc. | ADDRESS 2301 Lafayette, St. Louis 4, Missouri |
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *4556*

P. O. Address *St. Louis, Mo.*

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.