

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38872

FILED DEC 12 1955

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PRIMARY REG. DIST. NO. 1003

Registrar's No. 10401

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3956a Chippewa Street				16. STREET ADDRESS (If rural, give location) 3956a Chippewa Street (16)				
3. NAME OF DECEASED (Type or Print) a. (First) LeRoy b. (Middle) _____ c. (Last) SHIRLEY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 11, 1904		
9. AGE (in years last birthday) 51		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) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Brokerage CO			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA								
13a. FATHER'S NAME Edward Shirley			13b. MOTHER'S MAIDEN NAME Nora Holway			14. NAME OF HUSBAND OR WIFE Wilma C. Shirley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. 498-12-2037			17. INFORMANT'S SIGNATURE OR NAME Wilma C. Shirley		
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) Fibrosarcoma of lungs INTERVAL BETWEEN ONSET AND DEATH 1 wk. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibrosarcomatosis - Lt. side neck 5 months DUE TO (c) Fibrosarcoma - Rt. Temple (Primary) 17 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 9/22/55 (last)		19b. MAJOR FINDINGS OF OPERATION Carcinoma metastatic in Lt. Cervical Region						
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) 1915				
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? _____				
22. I hereby certify that I attended the deceased from June 3, 1954 , to Nov 27, 1955 , that I last saw the deceased alive on Nov 14, 1955 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. Ernest Jansen M.D.				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 11/28/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-30-55		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. NOV 29 1955		REGISTRAR'S SIGNATURE Paul Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street			

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.....
Signature of Student Embalmer

Signed *Gustav W. Duitel*.....

Licensed Embalmer No. *432*

P. O. Address *St. Louis*.....

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.