

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22345**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **1444**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Webster Groves</b>		c. LENGTH OF STAY (In this place) <b>19 Yrs</b>	c. CITY OR TOWN <b>Webster Groves</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>315 W Glendale Rd.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>ROGER SHEARON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-12-1956</b>	

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-10-1895</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>William Shearon</b>	13b. MOTHER'S MAIDEN NAME <b>Lilly Gilbert</b>	14. NAME OF HUSBAND OR WIFE <b>Cymbeline Shearon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W.W.# 1 489-07-4589</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. R. Shearon 315 W Glendale Rd.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>		
	DUE TO (c) _____		
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped by crowbar</b>

22. I hereby certify that I attended the deceased from **3/23/55**, 19**55**, to **6-12**, 19**56**, that I last saw the deceased alive on **3-23**, 19**55** and that death occurred **12:4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. J. Beecher M.D.</b>	23b. ADDRESS <b>532 W. Big Bend</b>	23c. DATE SIGNED <b>6/12/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-15-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
24d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		(State)

DATE REC'D BY LOCAL REG. <b>6-13-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dowling</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Lester Aldrich</b>	ADDRESS <b>Webster Groves Mo.</b>
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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.....  
*Lucie Welch*

Licensed Embalmer No. *439*

P. O. Address *Hesperia, Gro.*

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