Health, & Welfare Public Service

S. 300
1-57 0

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34134
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8170

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in 1b: 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 2656 Keokuk — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle CATHERINE Last SHRUM

4. DATE OF DEATH: Month AUGUST Day 31 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb 12, 1885

9. AGE (In years last birthday): 72 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Baltimoe Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Vintner

13b. MOTHER'S MAIDEN NAME: Sophia (Unknown)

14. NAME OF HUSBAND OR WIFE: William Shrum

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.: None

17. INFORMANT: James Shrum — Address: 3626 California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GANGRENE OF LEFT FOOT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 5 YRS

DUE TO (c) 445X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): MALIGNANT HYPERTENSION 20 YRS.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from AUGUST 8, 1957, to AUGUST 31, 1957 and last saw her/him alive on AUGUST 31, 1957

Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion, M.D. M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 8/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-1-57

23c. NAME OF CEMETERY OR CREMATORY: Middlebrook

23d. LOCATION (City, town, or county) (State): Middlebrook Mo

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington

25. DATE RECD. BY LOCAL REG.: SEP 3 '57

26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 18 1957

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 John S Dennehy

Licensed Embalmer No. 4194

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.