

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10781-58 58-007809  
State File No. 2219

FILED MAR 5 - 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2219**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 1/2 hrs</b>	c. CITY OR TOWN <b>Cantwell</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Louis Childreb's Hosp. 31</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b> b. (Middle) <b>Lynn</b> c. (Last) <b>Shoemake</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1958</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>never married</b>	8. DATE OF BIRTH <b>2-16-58</b>	9. AGE (In years last birthday) <input checked="" type="checkbox"/> IF UNDER 1 YEAR Months <b>3</b> IF UNDER 24 HRS. Days <b>3</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone Terre, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Bob D. Shoemake</b>	13b. MOTHER'S MAIDEN NAME <b>Mildred Straughs</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <input type="checkbox"/> (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jane Henrichsen</b>	ADDRESS <b>-500 S. Kingshighway</b>
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18. CAUSE OF DEATH (Based only on cause per line for (a), (b), and (c) *This does not mean the mode of dying such as shock, suffocation, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		
	ANTECEDENT CAUSES (b) <b>Congenital Heart Disease</b> Conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>possible coarctation of the aorta</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>754.6</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-20**, 19**58**, to **2-20-**, 19**58**, that I last saw the deceased alive on **2-20-**, 19**58**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Midechamps M.D.</b>	(Degree or title) <b>D.</b>	23b. ADDRESS <b>500 S. Kingshighway</b>	23c. DATE SIGNED <b>2-20-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-21-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Delgoz, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>FER 24 58</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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**M. J. B.** (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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Padwell*.....

Licensed Embalmer No. *402*

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.