

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042240

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11487

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, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes DOA			Length of stay in 1b	d. STREET ADDRESS 4535 a Harris		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last William West Shackelford				4. DATE OF DEATH Month Day Year Nov. 27 1958					
5. SEX Male ^o	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 26 1898		9. AGE (In years) 60 st (birth day)	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) Bottler			10b. KIND OF BUSINESS OR INDUSTRY Select Drink Co		11. BIRTHPLACE (City and state or country) Trenton Tenn 1		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Leroy Shackelford			13b. MOTHER'S MAIDEN NAME Philipne Unknown		14. NAME OF HUSBAND OR WIFE Irene Fischer				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 1/26/25 11/4/27			16. SOCIAL SECURITY NO. 493 01 8397	17. INFORMANT Address Irene Shackelford 4535a Harris					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Atherosclerotic Cardiovascular Disease Indef. DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH (Date)		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 October 5, 1957, to November 27, 1958, and last saw her alive on November 22, 1958. Death occurred at 2:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Russell Lubberstedt, M.D.				22b. ADDRESS 4110 West Florissant Ave.			22c. DATE SIGNED November 23, 1958		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec 1 58	23c. NAME OF CEMETERY OR CREMATORY Valhalla		23d. LOCATION (City, town, or county) St. Louis Cty Mo		(State)		
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette				25. DATE RECD. BY LOCAL REG. NOV 29 58		26. REGISTRAR'S SIGNATURE J. Earl Smith - MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Thomas R Jewick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lybelle*

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.