

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044865

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10886 STATE FILE NUMBER

1. **FILED NOV 19 1962**

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS MO
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO Length of stay in 1 yr 5 mo
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRONIC HOSPITAL Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3943 N. 21st St. Residence on Farm Yes No

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

3. NAME OF DECEASED (Type or print) last Middle First
SHINALL Harriet

4. DATE OF DEATH Month 11 Day 10 Year 62

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-27-1866 9. AGE (last birthday) 96

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) NASHVILLE, TENN. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME RITTENHOUSE 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE WILLIAM E. SHINALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT GROVER E SHINALL 2153 ESTNER Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 5 yrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 4:35 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 5/10/61 to 11/10/62 and last saw her alive on 11/9/62. Death occurred at 4:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henneth Price MD (Degree or title) 22b. ADDRESS 5600 Arsenal 22c. DATE SIGNED 11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 11-13-62 23c. NAME OF CEMETERY OR CREMATORY oak grove cemetery 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

24. FUNERAL DIRECTOR HOWARD H. MICHEL ADDRESS 6930 southwest 25. DATE RECD. BY LOCAL REG. NOV 13 1962 26. REGISTRAR'S SIGNATURE Edna Smith M.D.

VS 300 Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR OR TYPEWRITER RIBBON

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo.

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.