

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009923

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 534

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 5 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY: St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton		a. STATE: Mo b. COUNTY: St. Louis	
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Co. Hospital D.O.A.		Length of stay in 1b: 35 Yrs		c. CITY OR TOWN: University City	
		Inside Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location): 6810 Bartmer	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First: EDGAR Middle: ALEX Last: SHUMAKE		Month: February Day: 16 Year: 1963		Male	
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: 2/12/1905	
10a. USUAL OCCUPATION: Machinist		10b. KIND OF BUSINESS OR INDUSTRY: Orchard Paper Co		9. AGE (last birthday): 58	
11. BIRTHPLACE: Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY: USA		IF UNDER 1 YEAR: Months: Days: Hours: Min.	
13a. FATHER'S NAME: Edgar Shumake		13b. MOTHER'S MAIDEN NAME: Carrie Brimer		14. NAME OF HUSBAND OR WIFE: Marceleate Shumake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No		16. SOCIAL SECURITY NO.:		17. INFORMANT Address: Mrs. Edgar A. Shumake 6810 Bartmer	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular disease about 10 yrs		DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH: _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)	
20c. TIME OF INJURY: Hour: a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 January 5th 1963 to 2 February and last saw her/him alive on 2/16/63		22a. SIGNATURE (Regree or title): Peter Catalde MD		22b. ADDRESS: 8131 Page av	
22c. DATE SIGNED: 2/16/63		23a. BURIAL, CREMATION, REMOVAL (Specify): Burial		23b. DATE: 2/20/1963	
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery		23d. LOCATION (City, town, or county): St. Louis, Mo		24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd	
25. DATE RECD. BY LOCAL REG.: 2-18-63		26. REGISTRAR'S SIGNATURE: John Murphy MD			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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 Vernon S. Vidder

Licensed Embalmer No. 5031

P. O. Address St Louis 12th Mo

6175 Delmar

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.