

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22041

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 2120 St. 9th St.)

Registration District No. 761
Primary Registration District No. 2120 St. 9th St.

File No.....
Registered No. 6208
St. Ward)

2. FULL NAME

Joseph Shaw
(a) Residence, No. 2120 St. 9th St. St. 26 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carriage Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Shaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ann Lacy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas.
(STATE OR COUNTRY)

14. INFORMANT Wm. Shaw
(Address) 2120 St. 9th St.

15. FILED JUN 10 1928 May C. Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1928

I HEREBY CERTIFY That I attended deceased from June 2nd 1928 to June 8th 1928
that I last saw him alive on June 4th 1928 and that death occurred, on the date stated above, at 4:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
7401
arterio sclerosis

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Typical Exam
(Signed) R. W. Owens M. D.
, 19 (Address) 4356 Marwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns North DATE OF BURIAL June 11 1928
ADDRESS 1417

20. UNDERTAKER By Leidner and Co. St. Market St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

