

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

Do not use this space.

6323

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township Richmond 11th

Primary Registration District No. St. Marys Hosp

City St. Louis

File No. _____

Registered No. 40

St. _____ Ward)

2. FULL NAME

John Shaw

(a) Residence. No. 4570 Ave A St. _____ Ward. _____

St. Louis, Mo.
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara B. Shaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 0 26

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

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

10. NAME OF FATHER Jeremiah Shaw

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

12. MAIDEN NAME OF MOTHER Lina Perry

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

14. INFORMANT Clara B. Shaw
(Address) 4570 Ave A

15. FILED 3/25 1930 Lo. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/21 30, 1930, to 2/24 1930, and that that I last saw him alive on 2/24 1930, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Carcinoma of Lung
(b) Bronchus Pulmonum
ATB
187A (duration) 2 yrs (c) mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis Mo

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS x Ray
(Signed) R. W. Alexander, M. D.

2/25 1930 (Address) Worship Club

*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 Bellefontaine Cem DATE OF BURIAL 2-27 1930

20. UNDERTAKER Kriegshausen & Co. Kingshighway ADDRESS 4228

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.

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

MAR 28 1930

1855

8

Mr. R. H. [unclear]
22, [unclear]
11-1

JUL 28 1942