

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Beaumont City Hosp #1) Registered No. 28301
Ward) 8153

2. FULL NAME

(a) Residence. No. 1111 N 7th St. St. 25 Ward.
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 14 - 1859</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>8</u>	<u>—</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Phvrs</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>D S - Co</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
PARENTS	10. NAME OF FATHER <u>John - Shaw</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	12. MAIDEN NAME OF MOTHER <u>Cont. Kman</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
14. INFORMANT <u>Andrew Shaw</u> (Address) <u>1111 N 7th St</u>		
15. FILED <u>ALG 15 1980</u> <u>W. J. Taylor</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1980

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 115 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
73C
90B

CONTRIBUTORY (SECONDARY) 90B
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner
8/14 1980 (address) Dep Coroner

*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 Calvary DATE OF BURIAL Aug 16 1980

20. UNDERTAKER Edw. F. Howard & Son ADDRESS 4212 - St Louis Ave

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.

