

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

Do not use this space.

6837

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 10122
City St. Louis Mo (No. City Hospital 2)

File No.
Registered No. 1917
St. Ward)

2. FULL NAME

(a) Residence, No. 2146 Walnut St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Shaw</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-12-1888</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Fabrics 237</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala 2

13. NAME Joe Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

15. MAIDEN NAME Anna Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT Vertude Creath #
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Booths St. Louis, Mo. 1932

19. UNDERTAKER R. M. C. Greene
(ADDRESS) 3517 N. 4th Ave.

20. FILED FE: 28 1932
May C. Stullery Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1932, to 2-19, 1932

I last saw h. alive on 2-19, 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:
930

Date of onset

Chronic Myocarditis

Other contributory causes of importance: 930

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Creath #, M. D.
(Address) City Hospital 2

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.

