

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

Do not use this space.

30997

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 002  
City St. Louis Mo (No. 4353<sup>a</sup>) Gibson Ave St. .... Ward) 17669

2. FULL NAME

Diana Shaw  
(a) Residence, No. 4353<sup>a</sup> Gibson St., 18 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>Female</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>June 20 - 1852</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>2</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Not employed</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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)	<u>England</u>	
FATHER	13. NAME <u>Tom Terry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Thomas Shaw</u> (ADDRESS) <u>4353<sup>a</sup> Gibson Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delmontaine</u> DATE <u>Sept 6</u> 19 <u>33</u>		
19. UNDERTAKER <u>W. B. Water, Ind. Co.</u> (ADDRESS) <u>432<sup>a</sup> S. Grand Ave</u> <u>SFP 23 1933</u>		
20. FILED <u>J. F. Bedeck</u> Registrar.		

4- MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from October 30 1930, to Sept 2 1933

I last saw her alive on Sept 2 1933. Death is said to have occurred on the date stated above, at 4:15 P. m.

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

arterio sclerosis - generalised Date of onset ?

121  
930  
17

Other contributory causes of importance:  
Hypertension  
Chronic Myocarditis  
Chronic Nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis? lab 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.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. L. Neudeman, M. D.  
(Address) 2618 Metropolitan Bldg

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.

20 1933

