JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

21066

1. PLACE OF DEATH

County ..... Registration District No. 1008

Township ..... Primary Registration District No. .....

City St. Louis (No. 2518 W. St. Louis Ave., St. .....Ward)

File No. .....

Registered No. 52772

2. FULL NAME Patrick Francis Shawk

(a) Residence, No. 2518 W. St. Louis Ave. St., 20 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Shawk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1860.

7. AGE: Years 76 | Months 2 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millright

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) England

FATHER

13. NAME John Shawk

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

MOTHER

15. MAIDEN NAME Mary Chalk

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

17. INFORMANT Mrs. S. C. Wolff
(ADDRESS) 2518 W. St Louis Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem., DATE May 19/36

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED MAY 18 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16/36. 19

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1927 to Apr 14, 1936

I last saw him alive on 4-14, 1936 Death is said to have occurred on the date stated above, at 3.00 P.M.

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

	Date of onset
Angina Pectoris	1926

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) P. W. Cassidy, M. D.

(Address) 4500 Olive St.

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.

Dr. L. D. Casidy,
405 Lister Bldg.,
8.00-10.30 A.M.