

REC'D MAY 10 1938

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

13182
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **3786**
(c) City **St. Louis** (d) Street No. **Homer C. Phillips Hospital** St. **Life** (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Shaw 000
(a) Residence, No. **907 South Tenth Street** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **- -**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **- - - -**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12, 1937**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as 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) **St. Louis** 0
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Willie Shaw** 1

14. BIRTHPLACE (CITY OR TOWN) **Tennessee** 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Eva Perry**

16. BIRTHPLACE (CITY OR TOWN) **Mississippi**
(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Father Dickson** DATE **4/23/38**

19. FUNERAL DIRECTOR **E. L. Garner**
(ADDRESS) **2829 Washington Ave.**

20. FILED **APR 23 1938** **J. T. Bredek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **April 19**, 19**38**, to **April 21**, 19**38**
I last saw him alive on **April 21**, 19**38**. Death is said to have occurred on the date stated above, at **3:58a.** m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, Primary Date of onset **4/19/38**

Other contributory causes of importance:
Inanition, cause unknown

Name of operation Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **YES**

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) **J. T. Bredek** M. D.
(Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, Isaac Jerome Manlove, Licensed Embalmer No. 3994
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Isaac Jerome Manlove
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Isaac Jerome Manlove
Licensed Embalmer No. 3994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)