

REC'D DEC 12 1938

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

37896
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **10223**
 (c) City **St. Louis** (d) Street No. **St. Anthony's Hospital**
 (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

(a) Residence, No. **109 Douglas** St. **NR Central City, Illinois**
 (Usual place of abode, if no street address, write county or city) (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) **Married**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25, 1870**
 7. AGE YEARS **68** MONTHS **6** DAYS **28** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Blacksmith**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Coal Mine**
 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) **St. Louis Mo.**

13. NAME **Sam Shaw**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England 4**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 3**

17. INFORMANT (ADDRESS) **Mrs. Samuel Shaw Central City, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Central City, Ill.** DATE **Nov. 25, 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Robt. W. Garnier Central City, Ill.**

20. FILED **J. P. Beech** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV 23 1938**

22. I HEREBY CERTIFY, That I attended deceased from **NOV 12**, 19**38**, to **NOV 23**, 19**38**
 I last saw him alive on **NOV 22**, 19**38** Death is said to have occurred on the date stated above, at **3:30 a.m.**
 The principal cause of death, and related causes of importance were as follows:

cardiac thrombosis Date of onset **Nov. 21-38**

Other contributory causes of importance:
ulcer of stomach **arteriosclerosis** **Jan 1-38**

Name of operation **none** Date of
 What test confirmed diagnosis **Lab. Clin. Ill.** 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) **Dr. W. H. Walters** M. D.
 (Address) **3608 8th St. St. Louis, Mo.**

NOV 25 1938

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John Fetter

Licensed Embalmer No.

3880

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.