

19 1939

REC AUG 7 1939

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

26925  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ST. LOUIS Registration District No. 784  
 (b) Township ST. FERDINAND Primary Registration District No. 203  
 (c) City near Jennings, Mo. (d) Street No. Horissant ave 1 mi. west of Lemass & height Registered No. 1304  
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. all  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME PAUL A SHAW  
 (a) Residence, No. 5014 Vernon ave St.  (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED OR DIVORCED  
 (HUSBAND OF) VERNETTA SHAW  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 23 - 1889

7. AGE YEARS 49 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ICE CREAM  
 9. Industry or business in which work was done, as saw mill, bank, etc. SALES MAN  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ALABAMA  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Vernetta Shaw 5014 Vernon ave  
 18. BURIAL, CREMATION, OR REMOVAL MEMORIAL PARK DATE July 20 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd.  
 20. FILED JUL 19 1939 J. R. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10A m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide by automobile exhaust gas----- 7/18/39  
164  
 Other contributory causes of importance:  
Carbon monoxide asphyxiation 7/18/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis physical signs on autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide suicide Date of injury 7/18/39  
 Where did injury occur? suicide St. Louis Co.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Inhaled auto exhaust fumes  
 Nature of injury Carbon monoxide poisoning

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Connell, M. D.  
 (Address) Coroner of St. Louis County, Mo.

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 *Lewis B. Tanner*

Licensed Embalmer No. *2922*

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.**