

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9079**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2562**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G Phillips**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution **12 days**  
(Specify whether Unknown  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis** **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3972 Cook**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Russell Shaw**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **unavailable**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Beatrice Shaw** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **October 7th 1885**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **5** Days **8** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Oxford Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**

11. Industry or business **College Club**

12. Name **Russell Shaw, Sr.**

13. Birthplace **Unavailable- Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Block**

15. Birthplace **Unavailable- Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Beatrice Shaw**  
(b) Address **3972a Cook Avenue**

17. (a) **Burial** (b) Date thereof **3/19/1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Chas. J. Gault**  
(b) Address **4107 Finney Avenue**

19. (a) **MAR 18 1940** (b) **J. P. Baileich**  
(Date received by registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March 15** day **15**  
year **1940** hour **10:25** minute **A** M.

21. I hereby certify that I attended the deceased from **March 14** 19 **40** to **March 15** 19 **40**;  
that I last saw him alive on **March 15** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **T. Septicemia: caused by About 2 wks**  
**Staphylococcus aureus**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_ **36**  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Septicemia (History)**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **H. J. Lyman** (M. D. or other) \_\_\_\_\_  
Address **2601 N Whittier** Date signed \_\_\_\_\_

3/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

James A. Johnson

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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.**