

FILED MAY 13 1941
Registration District No. _____

Primary Registration District No. _____

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:
St Marys Infirmary, **D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days,
(Specify whether _____)
In this community 30 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 03 91
(c) City or town St Louis, **17**
(If outside city or town limits write "RURAL")
(d) Street No. 2905, A. Easton Ave, **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A. No attending Physician
12 years.

3. (a) PRINT FULL NAME Firdnand Shaw

3. (b) If veteran, name war no, 3. (c) Social Security No. 494-09-2829

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17th, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 29 hr. min.

9. Birthplace Farmington, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Porter,

11. Industry or business Drug Company.

12. Name Ferdnand Shaw

18. Birthplace Farmington, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Louise Poston, Farmington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Shaw

(b) Address 2905, A. Easton, Ave,

17. (a) Burial (b) Date thereof April 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 2812 Thomas, Street,

19. (a) Apr 15, 1941 (b) J. B. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th,
year 1941. hour 12 25 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Empyema Thoracis Toxic
Metastatic Chronic Nephritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Thomas H. Callahan (M. D. or other)

Address Deputy Coroner Date signed 4/15/41

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

20
17
9

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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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No. *2266*

P. O. Address *2817 Thomas St*

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.