

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16351**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3869**

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 Hospital ()**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community **2 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **117**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4213 Evans**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Cora Lee Shaw**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **3 FEMALE** 5. Color or race **NEgro**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **ROBERT SHAW**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **2 28 1924**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **6**
If less than one day hr. min.

9. Birthplace **Jackson Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **Home**

12. Name **ELLIS SAMEL**

13. Birthplace **Jackson Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Johnson**

15. Birthplace **Jackson Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rabbie Lee Johnson**

(b) Address **4213 E. Evans Ave**

17. (a) **Burial** (b) Date thereof **5 8 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. W. Bruce**

(b) **1941** (c) **J. W. Bruce**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4th**
year **1941** hour **1:40** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 24, 1941** to **May 4, 1941**;
that I last saw her alive on **May 4, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** Duration **10 months**

Due to **Rectal Fistula** **40 years**

Other conditions **Rectal Fistula**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
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 **Clarence Allen** (M. D. or other)
Address **2601 N. Whittier** Date signed **4-5-41**

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

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

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, fact should be so stated above.