

No. 2
1-4-41
17-39
X28390

Registration District No. **781** Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 45 min.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

(c) City or town St Louis 122
(If outside city or town limits, write "RURAL")

(d) Street No. 1929 Papin
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Shaw

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 23
year 1941 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 8:46 PM
6-22-41, 19____, to 9:30 PM - 6-23, 1941;

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased June 23rd 1941
(Month) (Day) (Year)

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

Immediate cause of death premature of 6mo gestation.

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>45</u> min.

Due to _____

Due to _____

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

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Willie Shaw

13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Eva Perry

15. Birthplace Sharkville Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Shaw mother

(b) Address 1929 Papin

17. (a) burial (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Eva Hamilton

(b) Address City Health Dept.

19. (a) JUN 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature L. S. Davis M.D. (M. D. or other) _____

Address 536 Papin St Date signed 6-24-41

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.....

Licensed Embalmer No.....

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.