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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

16661

State File No.

Registrar's No. 4834

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:
1506 Hodiamont Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4131 West Green Lea Pl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm. T. Henry Shaw

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lydia (Stauffer) Shaw

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November (Month) 6 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	24	hr. min.

9. Birthplace Elk Prairie (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Custodian

11. Industry or business City of St. Louis

FATHER
12. Name Samuel B. Shaw
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ray
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Lydia Shaw (Wife)
(b) Address 4131 West Green Lea Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) JUN 2 1942 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1942 hour 8.15 minute A M.

21. I hereby certify that I attended the deceased from 6/1 — 1942 to 6/1 — 1942
that I last saw him alive on 6/1 — 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute indigestive	1 hr.
Due to overeating	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

118.3

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Evans (M. D. or other)
Address 1506 Hodiamont Date signed 6/4/42

846 (Licensed Embalmer's Statement on Reverse Side)

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 Geo W. Wilkinson

Licensed Embalmer No. 3575

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.