

13258

S. No. 2

M-9-4-41

ev. 5-17-39

X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20005

State File No. 5595

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether years, months or days)
 In this community 50 Years.

3. (a) PRINT FULL NAME Ella Shaw3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Charles W. Shaw. 6. (c) Age of husband or wife if alive 3 years
 7. Birth date of deceased June 6 1860.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>22</u>	hr. min.

9. Birthplace Canada. (City, town, or county) (State or foreign country)10. Usual occupation Housework.

11. Industry or business.

MOTHER FATHER
 12. Name John Smith.
 13. Birthplace Canada. (City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Fern Barton.(b) Address Crystal Lake, Ill. R.F.D. 117. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-42. (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Hy. Leidner Und.Co.(b) Address 2223 St. Louis Ave.19. (a) JUN 30 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 060
 (c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17
 (d) Street No. 1386 Belt Ave. (If rural, give location) 9
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27. year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from June 20. 1942, to June 27. 1942;
 that I last saw her alive on June 27. 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Renal uraemia thrombosis
At middle cerebral art
 Due to Chor. myocardiitis
Asperthrosis
 Due to Enlarged heart
 Other conditions Trauma
 (Include pregnancy within 3 months of death)

Duration

9 days3 hrs.

PHYSICIAN

Major findings:
Of operationsOf autopsy Refused

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) (b) Means of injury D23. Signature Red Wade (M. D. or other) Address 1515 Lafayette Ave. Date signed 6/29/42

Y Y Y (Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision:

Signed: *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address. *2223 St. Louis ave*

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.