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5-17-39  
PI X25724

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23120  
6510  
Registrar's No.

FILED AUG 14 1942

791

Primary Registration District No. 1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 2300 Papin St  
(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:

(a) State MO (b) County 000

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

(d) Street No. 2300 Papin St  
(If rural, give location)

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

3. (a) PRINT FULL NAME Will. Shaw, Jr.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 11:00 minute 58

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.

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

6. (b) Name of husband or wife Madge Shaw 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug 11 (Month) (Day) (Year)

Immediate cause of death Cerebral Anoxemia

Due to Keenness

Due to at

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

Major findings: Of operations at

Of autopsy at

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

8. AGE: Years 74 Months 11 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name Will. Shaw

13. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jones

15. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Madge Shaw

(b) Address 2300 Papin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave

19. (a) AUG 1 (Date received by registrar) (b) J. P. Forebeck (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 at

23. Signature Alfred Perry (M. D. or other)

Address \_\_\_\_\_ Date signed 7/29/42

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

24  
00  
17  
9

#P

**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

*J. A. Gresser*

Licensed Embalmer No. *2963*

P. O. Address. *2710 Franklin*

**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.**