

FILED NOV 11 1942 318
 Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (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:
Bethesda General Hospital O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
(Specify whether)
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
 (c) City or town St. Louis mo. Affton
(If outside city or town limits, write "RURAL")
 (d) Street No. 8024 Pontiac
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Clara Shaw

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 12 1909
(Month) (Day) (Year)

8. AGE:	Years <u>35</u>	Months <u>6</u>	Days <u>18</u>	If less than one day hr. _____ min. _____
---------	--------------------	--------------------	-------------------	--

9. Birthplace Fredericktown Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Brewington

13. Birthplace Mo O
(City, town, or county) (State or foreign country)

14. Maiden name Jda Mills
 15. Birthplace Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Shaw

(b) Address 8024 Pontiac Ave.

17. (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director John S. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 11 1942 (b) J. F. Braddock
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
 year 1942 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8-1-42
 1942, to 10-30 1942.

that I last saw her alive on 10-30 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Stomatitis Duration _____

Due to metastatic carcinoma to 20%

Due to Basaloid carcinoma of the ovaries few mo

Other conditions Hypertension

Major findings: Of operations carcinoma of ovary 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 W. B. Riley (M. D. certificate) _____
 Address 4160 Maryland Date signed 10/30/42

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..... *G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Gravois*

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.