

S. No. 2  
M-9-4-41  
5-17-39  
X 2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8786  
2480

Registrar's No.

LED MAR 20 1943 318

Registration District No. Primary Registration District No. 1003

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

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:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bent 33  
(c) City or town Rural Norman Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lee Shaw

3. (b) If veteran, name war. 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Leona Violetta Shaw 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased September 26 1898 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 5 15 hr. min.

9. Birthplace Dent County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John E. Shaw  
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Alley Parker  
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona V. Shaw

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 3/14/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 15 1943 (b) J. F. Bredest (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from 6 P.M. 13 to 9:25 P.M. on March 11, 1943, that I last saw him alive on March 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death. ~~Diabetes~~ Diabetes Mellitus ? Duration 24 hrs

Due to ~~Diabetes Mellitus~~ ?  
Due to The P. H. finding 13 on eye

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6/

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 P. S. Taylor (M. D. or other) Address 4700 Washington Blvd. Date signed

**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.**