

No. 2
-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12774

State File No. _____
Registrar's No. 4197

FILED MAY 14 1943

Registration District No. 118 Primary Registration District 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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Wallerston, N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1552 Irving
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Henry Shaw

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, Divorced Widowed

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

7. Birth date of deceased October 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business Farming

12. Name John Shaw

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

14. Maiden name Mary Slater

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

16. (a) Informant Claude Tansley

(b) Address 1552 Irving Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 10 43
(Month) (Day) (Year)

(c) Place: burial or cremation Funhences, Mo. Munsel Cem

18. (a) Signature of funeral director Robert Martens

(b) Address 3710 N Grand St. St. Louis

19. (a) MAY 5 1943 (Date received local registrar) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4, year 1943 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from April 15, 1943, to May 4, 1943; that I last saw him alive on May 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Transition (Refused food)
Due to Organic (senile) psychosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 189

Major findings: Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____ 096
(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)
(c) Means of injury _____
23. Signature Home A Sweetman, MD
Address 1515 Lafayette Avenue Date signed 5/4/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

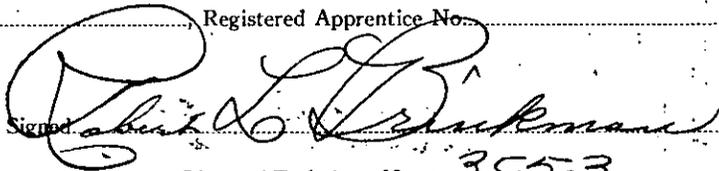
MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed 

Licensed Embalmer No. 3553

P. O. Address 3110 N Grand

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.