o. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4480

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 5

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2511 Bellevue Ave. /
(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: 96
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2511 Bellevue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN W. SHAW
3. (b) If veteran, name war World War I
3. (c) Social Security No. 493-03-0785
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Loretta Genevieve Shaw
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased December (Month) 18 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
44	0	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Kroger Baking Co.
FATHER
12. Name John W. Shaw
13. Birthplace Moberly, (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Annie Sunkle
15. Birthplace Munic, (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Loretta G. Shaw (Wife)
(b) Address 2511 Bellevue Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Ntl.Cem.
18. (a) Signature of funeral director Michael J. Croghan
(b) Address 7146 Manchester Ave.
19. (a) JAN 4 - 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1944 hour 10:00 minute A M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Ponding~~. C O Asphyxia while under the influence of ethyl alcohol (0.16%)	
Due to Carbon monoxide asphyxia; Blood 80% saturated with	
Due to carbon monoxide.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 163 M
Of autopsy No. (Laboratory Studies of blood)

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) Suicide
(b) Date of occurrence 1/1/44
(c) Where did injury occur? Maplewood, (City or town) St. Louis Co. (County) (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (above) Garage (Specify type of place)
While at work? No (e) Means of injury Auto exhaust
23. Signature H. S. Neyboyle Dep. Coroner (M. D. or other)
Address Kirkwood, Mo. 1-3-44 Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1944

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 John Agonoski

Licensed Embalmer No. 3398

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.