. S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21392

Registrar's No. 1607

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Troy
(If outside city or town limits, write "RURAL")

(d) Street No. R.#2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SHAW, Isaac

3. (b) If veteran, name war World 1

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Shaw

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1892 (Year)

8. AGE: Years 53 | Months 1 | Days 3 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business --

FATHER
12. Name George Shaw
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucy Douglas
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clin. Clerk, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Cemetery

18. (a) Signature of funeral director Gooch Hdwe
(b) Address Eolia Mo

19. (a) 6-22-45 (Date received local registrar) (b) Dr. E. G. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from May 8, 1945, to June 11, 1945
that I last saw him alive on June 11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PERFORATED DUODENAL ULCER WITH GENERAL DIFFUSE PERITONITIS	8 days
Due to ---	
Due to -----	
Other conditions ---- (Include pregnancy within 3 months of death)	

1176

Major findings:
Of operations 6/5/45 Gastro Enterostomy

Of autopsy No 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) No

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. V. EDWARDS, MAJOR M.C. (M.D.) CLINICAL DIR.
Address Vet. Adm. Fac., Jeff. Brks. Date signed 6/12/45

707 (Licensed Embalmer's Statement on Reverse Side)

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 Norman E Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia mo

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.