

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4579

FILED MAY 31 1946
318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST LOUIS MO
(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 1433 N. 9th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME HENRY SHAW

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

4. Sex MALE 5. Color Col 6. (a) Single, widowed, married Widowed

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

7. Birth date of deceased ABT 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABT 77 hr. min.

9. Birthplace Duane Bluff Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Ni

11. Industry or business _____

12. Name CASWELL SHAW

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

14. Maiden name UNKNOWN

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

16. (a) Informant Nolan Shaw

(b) Address 1433 N. 9th St

17. (a) Burial (b) Date thereof 5 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennett

(b) Address 3183 Washington

19. (a) MAY 21 1946 (Date received local registrar) J. F. Bredder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1433 N. 9th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 year 1946 hour 1 pm minute _____ M

21. I hereby certify that I attended the deceased from 5-11-46 to 5-20-46
that I last saw him alive on 5-20-46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic myocarditis

Due to Chronic Nephritis - age

Due to Chr Neph

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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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 A. E. Hale (M. D. or other) _____

Address 822 W. N. Jefferson Date signed 5/20/46

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

17775

Pr 72, 19 31 1931

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.