

FILED JUN 5 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5289**

1. PLACE OF DEATH: **318**

(a) County _____

(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6150 Westminster
(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:

(a) State **Missouri** (b) County **600**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **6150 Westminster Place** **9**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **DAVID MYRICK SHAW**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **January 25 1936**
(Month) (Day) (Year)

8. AGE: Years **11** Months **4** Days **1**

If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **student**

MOTHER FATHER

11. Industry or business _____

12. Name **Arthur B. Shaw**

13. Birthplace **Philadelphia Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Muriel Deming Myrick**

15. Birthplace **North Tonawanda New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur B. Shaw**

(b) Address **6150 Westminster Place, St. Louis**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **5-28-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Philadelphia, Pennsylvania**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delmar Bly'd., St. Louis, Mo.**

19. (a) **MAY 27 1947** (Date received local registrar) (b) **J. F. Predeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
year **1947** hour **10** minute **28** A.M.

21. I hereby certify that I attended the deceased from **August 15**
1946 to **26 May 1947**
that I last saw him alive on **26 May 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized abdominal and chest metastases** Duration _____

Due to **Neuroblastoma**

Due to _____

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

Major findings: **Generalized peritoneal, liver metastases - Germantown Hospital, Phila. 9 April 1946** PHYSICIAN _____

Of autopsy _____

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 **G. F. Fraser** (M. D. or other) **M. D.**

Address **516 S. Kings Highway** Date signed **5/26/47**

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

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.