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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15051

Registration District No. 3t7

Primary Registration District No. 6076

Registrar's No. 1147

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 Hospital 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community 18 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4501a Gibson 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 0

If yes, name country -

3. (a) PRINT FULL NAME SHAW, Andrew M.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 497-10-3590

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -

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

7. Birth date of deceased September (Month) 18 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	16	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name John Shaw
13. Birthplace " Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ford
15. Birthplace Syracuse, New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar VA Hospital
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Natl Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy, St. Louis, Mo.

19. (a) 5-6-48 (Date received local registrar) (b) Cecil A. Shaw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from April 16, 1948, to May 4, 1948;
that I last saw him alive on May 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
1. TUBERCULOSIS, PULMONARY, REINFECTION TYPE, BILATERAL, ACTIVE FAR ADVANCED, TERMINAL
2. INANITION

Due to 13 b

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No Autopsy performed

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? Means of injury 0

23. Signature L. E. Stilwell (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 5/5/48

Jefferson City Printing Co.

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

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.