

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32182

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8482**

| | | | | | | | |
|--|-------------------------------|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, | | c. LENGTH OF STAY (In this place) 11 | | c. CITY (If outside corporate limits, write RURAL and give township) EDWARDSVILLE | | d. STREET ADDRESS (If rural, give location) 911 GRAND AVE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 911 GRAND AVE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM | | b. (Middle) DALE | | c. (Last) SHAW | | 4. DATE OF DEATH (Month) (Day) (Year) OCT, 2, 1949 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH FEB, 17, 1949 | | 9. AGE (In years last birthday) 7 IF UNDER 1 YEAR (Months) 15 IF UNDER 24 HRS. (Hours) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME JOHN WILLIAM SHAW | | | 13b. MOTHER'S MAIDEN NAME MYRTLE BOYER | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME JOHN WILLIAM SHAW ADDRESS 911 GRAND AVE EDWARDSVILLE ILL | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure | | | | INTERVAL BETWEEN ONSET AND DEATH Several hours | | | |
| ANTECEDENT CAUSES | | | | DUE TO (b) Myocardial Infarction | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | DUE TO (c) Hydrocephalus | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death Myocardial of Cord | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Myocardial of Cord | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157th | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 752X | | | |
| 22. I hereby certify that I attended the deceased from 10/1/49 to 10/2/49 , 19 49 , that I last saw the deceased alive on 10/1/49 , and that death occurred 10/2/49 m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John W. Shaw (Degree or title) | | | | 23b. ADDRESS 911 Grand Ave | | 23c. DATE SIGNED 10/3/49 | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 10/3/49 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI | |
| DATE RECD BY LOCAL REG 10/3 1949 | | REGISTRAR'S SIGNATURE J B Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Davis*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.