

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35941

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4232

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| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis County | | c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | |
| c. LENGTH OF STAY (in this place) 2 HRS. | | d. STREET ADDRESS (If rural, give location) Hanley Rd. 37 Hanley Downs | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Seifert Residence, Manchester | | | |

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|---|----------------------------------|--|---|--|--------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) Elias c. (Last) Shaw | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1949 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 29 1885 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Refrigeration Executive | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Lulu Shaw | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. 493-09-6725 | 17. INFORMANT'S SIGNATURE OR NAME Lulu Shaw | | ADDRESS 37 Hanley Downs, Richmond, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of Coronary Arteries | | INTERVAL BETWEEN ONSET AND DEATH 1948 + |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis | | 1948 + |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | + 20) |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 420.1 | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 7/21, 1944, to 10/22, 1949; that I last saw the deceased alive on 10/20, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE Robert P. Smith | (Degree or title) | 23b. ADDRESS 520.3 Chippewa St. | 23c. DATE SIGNED 10/24/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 25, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem. | 24d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |

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| DATE REC'D BY LOCAL REG. 10-25-49 | REGISTRAR'S SIGNATURE Berbert G. Crombe | 25. COUNTY HEALTH OFFICER'S SIGNATURE St. Louis Mortuary | ADDRESS 6464 Chippewa St. |
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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 Harry J. Sakunacher

Licensed Embalmer No. 2679

P. O. Address 7514 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.