

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11093**
2310
Registrar's No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St. Louis, Mo.</u> COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place or township) <u>4/22/48</u> <u>3/9/50</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		51 n. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>INFIRMARY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5727 McPherson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>			b. (Middle) <u>D.</u>		c. (Last) <u>SHAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>2-14-1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Joseph Shaw</u> <u>John E. Watson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary</u>		ADDRESS <u>5600 Arsenal</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, severe</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>3321</u>			
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 <u>July 8</u> , 19 <u>48</u> , to <u>Mar. 9</u> , 1950, that I last saw the deceased alive on <u>March 9</u> , 1950, and that death occurred at <u>3:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cletus P. Krag, M.D.</u>			23b. ADDRESS <u>5600 Arsenal, St. Louis</u>			23c. DATE SIGNED <u>9 March 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>MAR 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Alexander & Sons 6175 Delmar</u>			

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

2310

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 *M. E. Embalmer*

Licensed Embalmer No.

P. O. Address

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.