

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31844**  
**8522**

FILED OCT 10 1951

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8522</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 yr 6 mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>18 days St. Louis</b>		<b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Ed</b>		a. (First)		b. (Middle) _____		c. (Last) <b>Shaw</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>September 24 1951</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 10, 1872</b>		9. AGE (In years last birthday) <b>78</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Jake Shaw</b>		13b. MOTHER'S MAIDEN NAME <b>Lulu ???</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie ???</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>City Inf. Records</b> ADDRESS <b>5800 Arsenal St.</b>			
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) <b>Arteriosclerotic</b>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart Disease</b>							
DUE TO (c) <b>Cerebral Anoxia</b>							
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 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>1947</b> , 19____, to <b>Sept. 24, 1951</b> , that I last saw the deceased alive on <b>Sept. 24, 1951</b> , and that death occurred at <b>5:02 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Palmer Rowland MD</b>				23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>9-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>SEP 26 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <b>SEP 26 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland</b>		ADDRESS <b>4404 Manchester</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 .....

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.