

STANDARD CERTIFICATE OF DEATH

40721

State File No.

10982

FILED DEC 12 1952

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4211 Cook Ave 11</i>		d. STREET ADDRESS (If rural, give location) <i>4211 Cook Ave.</i>		2119	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ira</i>		b. (Middle) <i>W.</i>		c. (Last) <i>Shaw</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 26th 1952</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>8-6-1890</i>		9. AGE (in years last birthday) <i>62</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>	
14. NAME OF HUSBAND OR WIFE <i>Lula Shaw</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes 7-16-1918 to 7-22-1919</i>		16. SOCIAL SECURITY NO. <i>491-12-7728</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Lula Shaw</i>		ADDRESS <i>4211 Cook Ave</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Coronary Sclerosis</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4201</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:45</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick L. Taylor</i>		Degree or title <i>Carrner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>11-29-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>12-1-1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) <i>St. Louis</i>		Mo.	
DATE REC'D BY LOCAL REG. <i>NOV 29 1952</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Manuel Undertaking Co.</i>	
				ADDRESS <i>4059 Finney</i>	

(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....⁷

Signed..... *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4075 Ald*

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.