

No. 300  
10. 48

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5376

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY	
b. CITY (If outside incorporate limits write RURAL and give town) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) one day 19 hrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Pac Hosp.		STREET ADDRESS (If rural, give location) 5812 a - Cote Brillante	

3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) Leonard c. (Last) Shaw			4. DATE OF DEATH (Month) (Day) (Year) June 2 1956		
5. SEX MA		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	
8. DATE OF BIRTH Mar 12 1901		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Loco. Fireman		10b. KIND OF BUSINESS OR INDUSTRY R.R.		11. BIRTHPLACE (City and State or Foreign Country) Flatriver, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Robert E. Shaw		13b. MOTHER'S MAIDEN NAME Alice Richards	
14. NAME OF HUSBAND OR WIFE Ultima		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-07-3221	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ultima Shaw		ADDRESS 5812 a Cote Brillante			

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		QUESTIONS (b) <u>Arteriosclerotic Hb Dis</u>			
DUE TO (c) <u>E B B B.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Bilateral pneumonia</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		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?	
22. I hereby certify that I attended the deceased from May 31, 1956, to June 2, 1956, that I last saw the deceased alive on June 2, 1956, and that death occurred at 2:15 p.m., from the causes and on the date stated above.					

23a. SIGNATURE Charles Krome, M.D.		(Degree or Title)		23b. ADDRESS 1755 - S. Grand		23c. DATE SIGNED 6/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/5/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	

DATE REC'D BY LOCAL REG. JUN 5 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hannibal 1905 Union Blvd	
-------------------------------------	--	-----------------------------------	--	--	--	----------------------------------	--

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 .....  
Signature of Student Embalmer

Signed *Albert R. Thompson* .....

Licensed Embalmer No. *4* .....

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.