

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019620
STATE FILE NUMBER

2 4959
Registration District No. Primary Registration District No. Registration No.

FILED JUN 4 1959

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-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Homer G. Phillips		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4203 A. Finney Avenue	
3. NAME OF DECEASED (Type or print) First Gerald Middle NMN Last Shaw			4. DATE OF DEATH Month 5 Day 16 Year 1959		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Child DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1956	9. AGE (In years last birthday) 2	FUNDER YEAR Months 4 Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Shellie Shaw		13b. MOTHER'S MAIDEN NAME Labertha White	
14. NAME OF HUSBAND OR WIFE Baby		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Baby		16. SOCIAL SECURITY NO. Baby	
17. INFORMANT Labertha Shaw		Address 4203 A. Finney Avenue.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Intra-thoracic Hemorrhage DUE TO (b) Dislocation of atlas onto axis with partial severance of cord. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) suffered when struck by Shaperson (col) in front of about 1124 710 Champlain Ave. about 5:30 p.m. May 16, 1959.					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I (a) or PART II of this form) Shaperson (col) in front of about			
20c. TIME OF INJURY Hour 5:30 Month 5 Day 16 Year 1959 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 2127 Street			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 2127 Street		20f. CITY, TOWN, OR LOCATION St Louis Mo			
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
22a. SIGNATURE Patrick Taylor Carrawe		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-22-1959		23c. NAME OF CEMETERY OR CREMATORY Greenwood	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		24. FUNERAL DIRECTOR Ellis Funeral Home,		25. DATE RECD. BY LOCAL REG. MAY 21 '59	
ADDRESS 2820 Stoddard St.		26. REGISTRAR'S SIGNATURE Ward Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 6 1961

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 *Fulton E. Culberson*
Licensed Embalmer No. *4198*
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.