

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

-60-044193

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11763**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS				Length of stay in 1b 3 MONTHS		c. CITY OR TOWN SAINT LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4429 WEST PINE	
3. NAME OF DECEASED (Type or print) First DORSIA Middle HAYWARD Last SHAW				4. DATE OF DEATH Month 12 - Day 6 - Year 1960			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-14-1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HEATER		10b. KIND OF BUSINESS OR INDUSTRY STEEL CO.		9. AGE (last birthday) 72		11. BIRTHPLACE (City and state or country) MT. CARMEL, ILL.	
13a. FATHER'S NAME THOMAS J. SHAW				13b. MOTHER'S MAIDEN NAME MARY CAROLINE CURRY		12. CITIZEN OF WHAT COUNTRY U.S.	
14. NAME OF HUSBAND OR WIFE GEORGIA SHAW				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. I			
16. SOCIAL SECURITY NO. 333-03-1802				17. INFORMANT Georgia Shaw 4429 West Pine St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
							DUE TO (c) 420-1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 8 1957 to Dec 6 1960 and last saw him ^{her} alive on Dec 6 1960 Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Ray David Williams M.D.				22b. ADDRESS 114 No Taylor St Louis 8 MO		22c. DATE SIGNED Dec 6 0	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-6-1960		23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS	
24. FUNERAL DIRECTOR Frank Mercer				ADDRESS GRANITE CITY, ILL.		25. DATE RECD. BY LOCAL REG. DEC 7 1960	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Morse

Licensed Embalmer No. 298

P. O. Address Granite Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.