

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14508

1. PLACE OF DEATH

County..... Registration District No. 7011
 Township St Louis Primary Registration District No. 1000
 City St Louis (No. 3017) Missouri

File No.
 Registered No. 3894
 St. Ward

2. FULL NAME William D. Shaw

(a) Residence, No. St., 16 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1870.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mailing Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Louis Daily Record
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
25 1/2 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Nancy Withrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Carl Hoffmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE 4/11

19. UNDERTAKER (ADDRESS) C. Hoffmann & Co.

20. FILED APR 20 1932 May C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1931, to April 18th, 1932.
 I last saw him alive on April 14, 1932. Death is said to have occurred on the date stated above, at 10:45 P.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 4/14/32

Other contributory causes of importance: atherosclerosis of coronary arteries

Name of operation none Date of
 What test confirmed diagnosis? Normal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) Albert A. Gelpert, M. D.
 (Address) 3438 Cliffway St

El mundo
Chiquito mundo