

REC'D APR 1 1938

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

8806
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beatrice Shaw 000
(a) Residence, No. 916 N Sixteenth Street St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1909

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>10</u>	<u>4</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /
13. NAME Albert Hollins /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /

MOTHER 15. MAIDEN NAME Carrie Haynes /
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Healy Mo DATE Feb 10 1938

19. FUNERAL DIRECTOR Hilliard Funeral Home
(ADDRESS) 3018 Dickson St

20. FILED MAR 10 1938 J. D. Bredich

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to March 4, 1938
I last saw her alive on March 4, 1938 Death is said to have occurred on the date stated above, at 1:25a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
11/26/37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 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
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Lewis, M. D.
(Address) 2601 N Whittier

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, *Arthur L. Heilliard*

, Licensed Embalmer No. *3389*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by

..... Registered Apprentice No.

working under my personal supervision.

Signed

Arthur L. Heilliard

Licensed Embalmer No. *3389*

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.)