DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 823

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 823

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Childrens' Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 8 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 6904 Michigan (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Shaw, Anita

3. (b) If veteran, name war Child

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 (Month) - 21 (Day) - 37 (Year)

8. AGE: Years 3 Months Days 5 If less than one day hr. min.

9. Birthplace Mt. Vernon, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Lytle
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Parker
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nedder

(b) Address 416 S. Kingshighway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation MNT HOPE CEM.

18. (a) Signature of funeral director Jno. P. Fowler Jr.

(b) Address 7128 Michigan Av.

19. (a) JAN 27 1940 (Date received local registrar) (b) J. F. Bardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 40 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-18, 1939, to 1-26-, 1940; that I last saw her alive on 1-25-, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenzal meningitis	38 days
Due to: Influenzal Septicemia	38 days
Due to: Otitis media	38 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry L. Lehrd (M. D. or other) M.D.

Address 500 So Kingshighway Date signed 1/6/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 925

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 this body is not embalmed, above space should be left blank.