DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17046

JUN 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4524

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: 2705 Thomas 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community about 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2705 Thomas (If rural, give location)

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

3. (a) PRINT FULL NAME ~~HALLIE~~ GERTRUDE SHAW

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife William Shaw

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 6 (Month) 8 (Day) 1895 (Year)

8. AGE: Years 45 Months 11 Days 11 If less than one day hr. min.

9. Birthplace McKeney (City, town, or county) Tex. 1 (State or foreign country)

10. Usual occupation Hous Work

11. Industry or business

FATHER
12. Name Dewitt Sparks
13. Birthplace McKeney (City, town, or county) Tex 1 (State or foreign country)

MOTHER
14. Maiden name Cora Johnson
15. Birthplace not known (City, town, or county) Tex 1 (State or foreign country)

16. (a) Informant's own signature Earline Browne

(b) Address 4024 St. Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director A. F. Richardson

(b) Address 2625 Glasgow

19. (a) MAY 22 1940 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1940 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from May 7, 1940, to May 19, 1940 that I last saw her alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis chronic (parenchymatous) — Duration 2

Due to

Due to

Other conditions Myocarditis chronic and Hypertension (Include pregnancy within 3 months of death) — 2

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 H. Louis Schuchat (M. D. or other)

Address 2200 Chestnut ave Date signed 5-20-40

(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.

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 J. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.