

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4949**
1512
Registrar's No. _____

FILED MAR 17 1942 7.91
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EnRoute To City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LUTHER FRANKLIN SHAW**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (b) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **IRENE SHAW** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Jan 5th 1900**
(Month) (Day) (Year)

8. AGE: Years **42** Months _____ Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Supervisor Century Elec.**

11. Industry or business _____

12. Name **James Shaw**
13. Birthplace **Arkansas** (City, town, or county) (State or foreign country)
14. Maiden name **Nora Cummings**
15. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Irene Shaw**
(b) Address **4636 Tieman Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 28, 42** (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pl**

18. (a) Signature of funeral director **Thorpe & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **FEB 22 1942** (Date filed with local registrar) (b) **J. G. Brodeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **4636 Tieman Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20**
year **1942** hour **1:00** **PM** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**
Arteriosclerosis
Due to **Chronic Nephritis**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **31**

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Walter Perry** (M. D. or other)
Address **Deputy Coroner** Date signed **2/21/42**

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.....

David M. Van Gorman....., Registered Apprentice No. *280*,
working under my personal supervision.

Signed.....*Thos Lutz*.....

Licensed Embalmer No. *1619*

P. O. Address.....*2906 Gavel*.....

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, fact should be so stated above.