

U. S. No. 2
FORM 9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20006

State File No.

FILED JUL 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5564

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:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 14 days
(Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town..... St. Louis, 000
(If outside city or town limits, write "RURAL") 21'7

(d) Street No. 3001 Lawton 9
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Haney Shaw

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

4. Sex Male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Savannah Shaw 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 20, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 2 8 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Jonas Shaw

13. Birthplace La. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Craven

15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith
(b) Address 2601 N. Whittier

17. (a) Place of burial or cremation Anatomical Board
(Burial, cremation, or removal) (b) Date thereof 6-20-42
(Month) (Day) (Year) Washington

18. (a) Signature of funeral director W. Richter
(b) Address 3508 Rutger St

19. (a) JUN 29 1942
(Date received local registrar) (b) J. P. Baker
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,
year 1942 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from March
13, 19 42 to May 28, 19 42
that I last saw him alive on May 28, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Neurosyphilis Unknown
Duration

Due to..... 304

Due to..... 3-4

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury 0

23. Signature H. J. Evers (M. D. or other) 0
Address 2601 Whittier Date signed 6-1-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.