U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 23 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12773

Registrar's No. 3423

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:
4515 Genevieve Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 66 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 12

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

(d) Street No. 4515 Genevieve Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary (Minnie) Shaw

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert S. Shaw

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

7. Birth date of deceased August (Month) 18, (Day) 1867. (Year)

8. AGE: Years 75 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Red Ruth, Cornwall, (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Josiah Angove
13. Birthplace - - - (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Simonds
15. Birthplace - - - (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Frank M. Shaw
(b) Address 4537 Emerson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 9, day 9th, year 1943 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from 1940, 19..., to 4-9, 1943, that I last saw b... alive on 4-7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
General Cutis selfsaje
Due to
59
Due to
Other conditions
(Include pregnancy within 3 months of death)
Oth. general arthritis
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 Hakeim (M. D. or other) Geo
Address 5074 Lucas Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Milnar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Milnar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.