

FILED MAY 15 1944

Registration District No. 818

Primary Registration District No. 7103

Registrar's No. 4279

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

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

In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 089

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

(d) Street No. 2831 Lawton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Shaw

3. (b) If veteran, name war 10

3. (c) Social Security No. 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5, year 1944 hour _____ minute 25 P. M.

4. Sex male 5. Color or race col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 6 10 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 19 44 to May 5, 19 44, that I last saw him alive on May 5, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis (advanced) Duration Indef.

8. AGE: Years 31 Months 10 Days 24 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Gas attend ant

Major findings: _____
Of operations _____

11. Industry or business Filling Stations

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Tom Shaw

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

14. Maiden name Ann Shaw (State or foreign country)

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

16. (a) Informant Estella Young

(b) Address 2831^A Lawton Ave

17. (a) Burial (b) Date thereof 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Jackson

18. (a) Signature of funeral director W. Holmes

(b) Address 2829 Washington Ave

19. (a) MAY 9 1944 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

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 Alma Masie (M. D. or other) _____
Address 2801 Whittier Date signed 5/5/44

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

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 Oliver H. Holmes

Licensed Embalmer No. 4190

P. O. Address. 2829 Washington Ave

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.