

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Inf.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 das.  
 (Specify whether years, months or days) 3 das.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ill (b) County Madison  
 (c) City or town Venice  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 208 Sengbergh  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES SHAW  
 (b) If veteran, name war none  
 (c) Social Security No. 344-01-6391

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 15  
 year 1944 hour 3 minute 30 P. M.

4. Sex Male 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced married  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Aug 1 1879  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 13, 1944 to Oct. 15, 1944, that I last saw him alive on Oct. 15, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 2 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Nephritis with Uremia and Diabetes  
 Duration 1 mo.

9. Birthplace Helena Ark  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Butcher

Other conditions 61  
 (Include pregnancy within 3 months of death)

11. Industry or business Hunter Pkg. Co.

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name James Shaw Sr.

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

14. Maiden name Belle Kimmel

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

16. (a) Informant Matter S Shaw  
 (b) Address Venice Ill.

17. (a) Removal (b) Date thereof Oct 18-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director J. Marshall  
 (b) Address 2205 No. Ave. E. St. Louis Ill.  
 19. (a) OCT 18 1944 (b) J. Brebeck  
 (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)  
 (c) Means of injury \_\_\_\_\_

23. Signature Arthur W. ... (M. D. or other)  
 Address 903 Madison Date signed 10/17/44

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

40  
3  
9

997  
11  
NR

MOTHER FATHER

**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 me

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

Signed Ben. H. Baldurini

Licensed Embalmer No. 2470

P. O. Address E. St. Louis Hills

**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.**