S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 3/47

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 29802

Registrar's No. 1918

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. 804 Marshall
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Almond Shaw

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Faye Shaw

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January (Month) 3 (Day) 1912 (Year)

8. AGE: Years 35 Months 8 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter

11. Industry or business .....

FATHER
12. Name Albert Shaw
13. Birthplace Saline Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cinnie Harris
15. Birthplace Henderson (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Albert Shaw
(b) Address Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 9-9-47 (Date received local registrar) (b) Bertha J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 47 hour ..... minute ..... M.

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

Duration

Immediate cause of death gunshot wound of right side of neck

Due to .....

Due to .....

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

Major findings:
Of operations .....

XXXXXX

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 62

(b) Date of occurrence Sept. 7, 1947

(c) Where did injury occur? Fredericktown, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury Gunshot wound

23. Signature Arnold J. Willmann Coroner (M. D. or other) 3

Address Clayton, Mo. Date signed 9/9/47.

Jefferson City Printing Co. (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillane

Licensed Embalmer No. 4080

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.