S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

7035

State File No.

Registrar's No. 2228

1. PLACE OF DEATH: St Louis Mo.
(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of Hospital or Institution: Homer Phillips Hospital
(If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution: 14 hours (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2722 Sheridan Ave. (If rural, give location) 9
21 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: VERNON SHAW
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: Col,
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Georgia Shaw
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb, 11th, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	20	hr. min.

9. Birthplace: Little Rock (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Not employed

FATHER
12. Name: Willie Shaw
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rosa Lee Morris
15. Birthplace: ? ALA. (City, town, or county) (State or foreign country)

16. (a) Informant: Georgia Shaw
(b) Address: 2722 rear Sheridan Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson Cemetery
18. (a) Signature of funeral director: Ellis Fun, Home
(b) Address: 2820 Stoddard St
19. (a) MAR 4 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1st, year 1948 hour 5 minute 00 A.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: Peritonitis following ruptured pyelitis ulcer	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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):
(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: [illegible] (M. D. or other)
Address: [illegible] Date signed 3/2/48

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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 M

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.