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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14852

FILED MAY 15 1948

Registration District No. 3817 — Primary Registration District No. 3063 — Registrar's No. 1066

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves (If outside city or town limits write "RURAL")

(d) Street No. 201 E. Kirkham (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Shaw

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race C

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

6. (b) Name of husband or wife Eva Anderson

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

7. Birth date of deceased 4 - 20 - 1877 (Month) (Day) (Year)

8. AGE: Years 71 Months Days 3 If less than one day hr. min.

9. Birthplace West Plains, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Shaw Sr
13. Birthplace West Plains Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Martin
15. Birthplace Urkman (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Davis
(b) Address 121 Ravine, Webs. Gr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Gatho Bilton

18. (a) Signature of funeral director Guai C Lewis
(b) Address 22 Euclid

19. (a) 4-27-48 (Date received local registrar) (b) Carl G. Harp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12th, 1948 to April 23, 1948 that I last saw him alive on April 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to acute pyelonephritis	
Due to 1330	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Acute pyelonephritis, Toxic hepatitis	

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 Mary H. Ritchey (M. D. or other)
Address 601 S. Skinner Blvd. Date signed 4/23/48

(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 [illegible]

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

St Louis

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.