

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41837

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11215

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:  
4131 W Green Lea Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3: (a) PRINT FULL NAME Lydia S. Shaw

3: (b) If veteran, name war None 3: (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 4 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 8 21 hr. min.

9. Birthplace Summerfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Abraham Stauffer

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

14. Maiden name Mary Haurly

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

16. (a) Informant Mrs. Esther M. Ruth

(b) Address 4131w Green Lea Place

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) DEC 27 1948 (b) J. B. Luster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4131w Green Lea Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25  
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10, 1946, to 12-23, 1948; that I last saw her alive on 12-23-48; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Cardio renal, Hypertension  
Duration Months

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Russell Blaser (M. D. or other) MD  
Address 4032 W. Linn Date signed 12-27-48

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

MOTHER FATHER

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**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 William G. Buehler

Licensed Embalmer No. 2110 3

P. O. Address St. Louis Mo

**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.**