

STANDARD CERTIFICATE OF DEATH

39285  
10143

FILED DEC 6 1949

State File No. 10143  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 172 1916 Virginia Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Susan	b. (Middle) S.	c. (Last) Shaw	4. DATE OF DEATH (Month) (Day) (Year)
				11/23/49

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 21, 1875	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
---------------	------------------------	--	-------------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brooklyn, N. Y.	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	----------------------------------

13a. FATHER'S NAME Kenneth M. Deane	13b. MOTHER'S MAIDEN NAME Frances Sharpe	14. NAME OF HUSBAND OR WIFE Chauncey
-------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Clinton Shaw	ADDRESS 3516 Central Kansas City, Mo.
--	-----------------------------	--	---------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 99
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2/200
--	--	----------------------------------

22. I hereby certify that I attended the deceased from Nov. 14, 1949, to Nov. 23, 1949, that I last saw the deceased alive on Nov. 23, 1949, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE David M. Skilling Jr. (Degree or title) M. D. ( )	23b. ADDRESS 4500 Olive Street, St. Louis	23c. DATE SIGNED 11-25-49
--	---	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/26/49	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
--	--------------------	---	--

DATE REC'D BY LOCAL REG. NOV 25 1949	REGISTRAR'S SIGNATURE J. B. Freeston	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldule	ADDRESS 3634 Gravois
--------------------------------------	--------------------------------------	---	----------------------

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. W. M. Donley

Licensed Embalmer No. 3653

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.