S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 - 1952

State File No. 14783

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3678

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOMER PHILLIPS HOS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS MO
d. STREET ADDRESS (If rural, give location): 4477 PAGE

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3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): FRANCES
c. (Last): SHAW

4. DATE OF DEATH (Month) (Day) (Year): 4 17 1952

5. SEX: F
6. COLOR OR RACE: N.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: May 12 1857
9. AGE (In years last birthday): 94.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: — — —
11. BIRTHPLACE (State or foreign country): ST LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GREENSMITH
13b. MOTHER'S MAIDEN NAME: ELISA ALEXANDER
14. NAME OF HUSBAND OR WIFE: William Shaw Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: CLARA ELLIOTT
ADDRESS: 3868 Page

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:35 A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver Henry Klepp Jr. M.D.
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-21-52
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson
24d. LOCATION (City, town, or county) (State): St Louis Co. MO

DATE REC'D BY LOCAL REGS.: APR 19 1952
REGISTRAR'S SIGNATURE: J. Carlstead M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Louis C. Lerro 22 Euclid on W 8

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed A. D. Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. 2928

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.