

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34449

State File No. 2287

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2287</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>D. O. A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8/20</u> OR TOWN <u>Foster Township</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Alton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Shaw</u>			4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>22</u> (Year) <u>1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 7, 1933</u>		9. AGE (In years last birthday) <u>20</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jersey County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Eby</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>KOREAN WAR</u>		16. SOCIAL SECURITY NO. <u>340-26-8773</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Daisy Russell</u> ADDRESS <u>Moro, Ill.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures, hemorrhage and shock</u> suffered while he was a passenger in a Plymouth car being operated east on Hgy 66 by Vincent Pirrone, 8600 Richard Ave., University City, of which the latter lost control and collided with a westbound Plymouth being operated by John Mitchell of Kirkwood.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8164		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>26</u> (STATE) <u>Mo.</u>		St. Louis	
21d. TIME OF INJURY (Month) (Day) (Year) <u>Aug. 22, 1953</u> (Hour) <u>4:30</u> (P.M.) <u>30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BLUNT IMPACT</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald J. Willmann</u> (Degree or title) <u>CORONER.</u>				23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>8-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Aug. 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kane</u>		24d. LOCATION (City, town, or county) (State) <u>Kane Greene Co. Ill.</u>	
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Robert N. Streper</u> ADDRESS <u>Alton, Ill.</u>			

574 (Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert H. Streepes

Licensed Embalmer No. 1286

P. O. Address Alton, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.