

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37593**  
Registrar's No. **9825**

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, Missouri** c. LENGTH OF STAY (In this place) \_\_\_\_\_

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**

e. STREET ADDRESS (If rural, give location) **4515 Genevieve Avenue, 20,** 2079  
7 0

3. NAME OF DECEASED (Type or Print)  
a. (First) **ROBERT** b. (Middle) **L.** c. (Last) **SHAW**

4. DATE OF DEATH (Month) (Day) (Year)  
**OCTOBER 14, 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **March 25th, 1887** 9. AGE (In years last birthday) **66** 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) **Printer** 10b. KIND OF BUSINESS OR INDUSTRY **Printing**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Robert Shaw** 13b. MOTHER'S MAIDEN NAME **Mary Angove** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes World War # 1** 16. SOCIAL SECURITY NO. **497-03-3528A** 17. INFORMANT'S SIGNATURE OR NAME **Harry A. Shaw,** ADDRESS **4930 Arlington Avenue, 20,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic alcoholism & malnutrition**

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. **Carcinoma of the Pharynx**

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **3222H**

22. I hereby certify that I attended the deceased from **10-12-53**, 19\_\_\_\_, to **10-14-53**, 19\_\_\_\_, that I last saw the deceased alive on **10-14-53**, 19\_\_\_\_, and that death occurred at **5:50A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles Heganamp M.D.** 23b. ADDRESS **1525 Lafayette Avenue** 23c. DATE SIGNED **10-14-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10/15/53** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **OCT 14 1953** REGISTRAR'S SIGNATURE **Calvin F. Feutz** FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz** ADDRESS **1828 Natural Bridge Blvd. St. Louis, 15, Mo.**

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Minard*.....

Licensed Embalmer No. *4186*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.