

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24364**
Registrar's No. **5938**

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

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips**

STREET ADDRESS (If rural, give location) **22 2142 Walnut**

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) _____ c. (Last) **Shaw**

4. DATE OF DEATH (Month) (Day) (Year)
July 6 1955

5. SEX **Male** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Oct. 4, 1914**

9. AGE (In years last birthday) **40** IF UNDER 1 YEAR Months _____ IF UNDER 2 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter**

10b. KIND OF BUSINESS OR INDUSTRY **Hotel**

11. BIRTHPLACE (City and State or Foreign Country) **Ripley, Tennessee**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Pat Shaw**

13b. MOTHER'S MAIDEN NAME **Kate Hollaway**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Willie Shaw 2526 E. Nora ave.

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) **Pneumonia, Right Middle Lobe**

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.
Pectus Excavatum

INTERVAL BETWEEN ONSET AND DEATH
Undt.

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? **493X**

22. I hereby certify that I attended the deceased from **June 4, 1955** to **July 6, 1955**, that I last saw the deceased alive on **July 6, 1955**, and that death occurred at **3:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Frank O. Richards** (Degree or title) **M. D.**

23b. ADDRESS **2601 N. Whittier**

23c. DATE SIGNED **July 7, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **July 11, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cem.**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., MO**

DATE REC'D BY LOCAL REG. **JUL 11 1955** REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. F. A. Green 4214 Delmar**

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.....
Signature of Student Embalmer

Signed..... *F. A. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 Delmar*

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.