

FILED AUG 10 1955

STANDARD CERTIFICATE OF DEATH

24826

State File No.

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 1718

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale	c. LENGTH OF STAY (in this place) 13 years	c. CITY OR TOWN Hillsdale <u>4/16/0</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2160 Overlea		e. STREET ADDRESS (If rural, give location) 2160 Overlea	

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) JAMES LANCASTER c. (Last) SHAW	4. DATE OF DEATH (Month) (Day) (Year) July 27th, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6th, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) England	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harold Shaw	13b. MOTHER'S MAIDEN NAME Elizabeth (Unknown)	14. NAME OF HUSBAND OR WIFE Ruby Shaw nee Seidler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Shaw, 2160 Overlea, Hillsdale, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolism</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Impo Circulatio</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from July 1954 to 7-26, 1955, that I last saw the deceased alive on 7-26, 1955, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Herbert R. Dombke, Jr.</i>	23b. ADDRESS 7216 Holt Budget	23c. DATE SIGNED 7-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/55	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 7/29/55	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke, Jr.</i>	25. FUNERAL DIRECTOR'S SIGNATURE DALVIN F. FEUTZ, 4828 Natural Bridge Blvd.	ADDRESS FUNERAL HOME, INC., St. Louis, 15, Missouri.
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WRITE PLAINLY—USING UNFADEING 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 *John A. Menard*.....

Licensed Embalmer No. *418*

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.