

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14870

State File No.

3408

FILED APR 26 1956

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

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) St. Louis		c. CITY OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 5600 Arsenal	

3. NAME OF DECEASED (Type or Print) Abraham		b. (Middle)		c. (Last) Shaw		4. DATE OF DEATH (Month) (Day) (Year) 4 1 56	
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5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH August 8, 1893		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junkman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Due Bluff, Arkansas				12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Henry Shaw		13b. MOTHER'S MAIDEN NAME Rosie		14. NAME OF HUSBAND OR WIFE Mrs. Retter Shaw			
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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 NUMBER 488-30-3823		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Retter Shaw- 3716 Cottage			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus							
		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. Generalized Arteriosclerosis							

19a. DATE OF OPERATION 2-20-56		19b. MAJOR FINDINGS OF OPERATION Gangrene Right Stump				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **1-13** ¹⁹**56**, to **4-1**, ¹⁹**56**, that I last saw the deceased alive on **4-1**, ¹⁹**56**, and that death occurred at **7:20** a **m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank O. Richards M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 4-3-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-1956		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkeley, Missouri	
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DATE REC'D BY LOCAL REG. APR 5 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1221 N Grand	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Milvin Blackman*.....

Licensed Embalmer No. 396

P. O. Address 123 1 N St

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.