

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11068
State File No.

FILED APR 12 1957

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2564

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MD b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 27 Homer Phillips Hosp. 2119		e. STREET ADDRESS (If rural, give location) 3902 Kennerly	
3. NAME OF DECEASED a. (First) Fessie (Type or Print)		b. (Middle) SHAW c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) MAR 9 1957		5. SEX 2 MALE	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 27, 1933		9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) MONROE, MISS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Tillman Shaw		13b. MOTHER'S MAIDEN NAME SARAH FORD	
14. NAME OF HUSBAND OR WIFE ANNIE MAE SHAW		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 ANNIE MAE SHAW, 3902 Kennerly	
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 INTERVAL BETWEEN ONSET AND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of stomach suffered when shot with gun by hands of one Willie Blanchard Jr., (Cal) in vicinity of Harrison and Howard Streets, about 2:15pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death	
19a. DATE OF OPERATION March 9, 1957		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo E981X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 9 57 2p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22: I hereby certify that I attended the deceased from 19 P. to 19 P., that I last saw the deceased alive on 19, and that death occurred at 4:00 P. m., from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3/15/57		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 3/15/57		24c. NAME OF CEMETERY OR CREMATORY WEST CREST, MISS	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mose Vasser, 2812 Cass Ave	
DATE REC'D BY LOCAL REG. MAR 15 57		REGISTRAR'S SIGNATURE J. Carl Smith, Md	

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 *Leroy W. Innister*.....

Licensed Embalmer No. *4523*

P. O. Address *3880 E. Main*

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.