

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15172

State File No. _____

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1010

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Creve Coeur</u> c. LENGTH OF STAY (in this place) <u>8 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>26 Spoeede Rd.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>4000 Creve Coeur</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>26 Spoeede Rd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCENT</u> b. (Middle) <u>O.</u> c. (Last) <u>SHAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18, 1895</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u>	Days <u>29</u>	IF UNDER 24 Hrs. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Financier (President)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crown Finance Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bismark, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Larvich</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Shaw</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-05-6535</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence Shaw, 26 Spoeede Rd. Clayton 21</u>			
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) <u>Cerebral Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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.	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>154X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 1952, to April 17, 1956, that I last saw the deceased alive on April 16, 1956, and that death occurred at 4:05 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Nemrassy J. WMD</u>		23b. ADDRESS <u>634 N. Grand</u>	
		23c. DATE SIGNED <u>4/18/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/20/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Framington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-56</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lombard</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp Inc. Richmond Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

6.300
0.48

JUN 12 1958

JUN 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Felix Durand*

Licensed Embalmer No. 303

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.