SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-011571
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2361

FILED MAR 2 3 1961

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: life

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4525 Louisiana Avenue — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4525 Louisiana Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALICE Middle RUTH Last SHAW

4. DATE OF DEATH: Month March Day 8, Year 1961

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 8,1922

9. AGE (last birthday): 38 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George A. DeNeal

13b. MOTHER'S MAIDEN NAME: Mae Miller

14. NAME OF HUSBAND OR WIFE: Lloyd E. Shaw

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

17. INFORMANT — Address: Lloyd E. Shaw, 4525 Louisiana Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Nevocarcinoma with — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastases throughout body
DUE TO (c): 190.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4/12/58, to 3/8/61 and last saw her/him alive on 2/20/61
Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert M Repetto MD

22b. ADDRESS: 405 University Club Bldg

22c. DATE SIGNED: 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: Mar.11,1961

23c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave

25. DATE RECD. BY LOCAL REG.: MAR 10 1961

26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

Buried Site Check

MEDICAL CERTIFICATION

Dr. Albert M. Repetto
607 No. Grand
University Club Bldg.

JE-3-7534

4-6 pm

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 Homer H. Fritz

Licensed Embalmer No. 3882

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.