

S. No. 500
V. 10-48

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7050
Registrar's No. 588

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002

4006
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. 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 University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) 8024 Delmar Blv'd.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-8024 Delmar Blv'd.,			

3. NAME OF DECEASED (Type or Print)	a. (First) HAZEL	b. (Middle) M.	c. (Last) RASHCOE	4. DATE OF DEATH (Month) (Day) (Year) 3 4 50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 28, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR (Month) (Day) 0 6	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Sunderman	13b. MOTHER'S MAIDEN NAME Izetta	14. NAME OF HUSBAND OR WIFE Eugene H. Rashcoe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eugene H. Rashcoe	ADDRESS 8024 Delmar Blv'd.,
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Medical Certification Ben Bronchomastosis		INTERVAL BETWEEN ONSET AND DEATH XX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE Carcinoma of Breast		2 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X		170X

19a. DATE OF OPERATION 1/18/50	19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma of Breast	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 7/11, 1949, to 3/4, 1950, that I last saw the deceased alive on 3/4, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ann [Signature]	23b. ADDRESS 3833 Washington	23c. DATE SIGNED 3/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-7-50	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 6 1950	25. FUNERAL DIRECTOR'S SIGNATURE Herbert A. Douke	ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,
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(Licensed Embalmer's Statement on Reverse Side) **University City, Missouri.**

Case
10
S. Joseph

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
Student Embalmer

Signed Arnold W. Schene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.