

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14567
3516

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>8324 1/2 Alabama</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>MARY ANN</u> | | b. (Middle) <u>****</u> | | c. (Last) <u>GRASS</u> | |
| 4. DATE OF DEATH | | (Month) <u>Apr.</u> | | (Day) <u>16,</u> | | (Year) <u>1950</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Apr. 12, 1883</u> | |
| 9. AGE (In years last birthday) <u>4 67</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Anton Pfaff</u> | | 13b. MOTHER'S MAIDEN NAME <u>Magdalena Roth</u> | | 14. NAME OF HUSBAND OR WIFE <u>Andrew Grass</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Grass</u> | | ADDRESS <u>8324 1/2 Alabama</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis (Etiology Carcinoma of Rectum)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Congestion</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9/22/49</u> <u>10 years.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>154 XG</u> | | | |
| 21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (m.) _____ | | 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 <u>9-22-49</u> , 19 <u>49</u> , to <u>April 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 16</u> , 19 <u>50</u> , and that death occurred at <u>12:06p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. M. Ahern, M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>Desloge Hospital</u> | | 23c. DATE SIGNED <u>4/17/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 19, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u> | | 24d. LOCATION (city, town, or county) (State) <u>1200 Lemay Ferry Road</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 17 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister & LCo. 7814 S. Broadway</u> | | | |

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
Student Embalmer

Signed

Emb. filed separately

Licensed Embalmer No. _____

P. O. Address _____

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.