

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42578

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1002	Registrar's No. 9979
1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis 42712		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 29 Hanley Hills 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hosp		d. STREET ADDRESS (If rural, give location) 7832 Bloom Dr		
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) A c. (Last) Mareschal		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1950		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1917	9. AGE (In years last birthday) 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) St Louis Mo 0	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Ludwig Schmidt		13b. MOTHER'S MAIDEN NAME Louise Lammert	14. NAME OF HUSBAND OR WIFE Charles Mareschal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-07-3116	17. INFORMANT'S SIGNATURE OR NAME Charles Mareschal ADDRESS Hanley Hills	
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) Cerebral & Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of cervix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Several
19a. DATE OF OPERATION 7/25/50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OR INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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? 171X		
22. I hereby certify that I attended the deceased from July 20, 1950, to Nov 23, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 4:40P m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Charles Mareschal</i>		23b. ADDRESS 634 No Grand Ave	23c. DATE SIGNED 11/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 11/27/50	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. NOV 24 1950	REGISTRAR'S SIGNATURE <i>J. B. Suter</i>	25. FUNERAL DIRECTOR'S SIGNATURE ORTmann F Home 9222 Lakland Overland Mo ADDRESS		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Al C Ostman*

Licensed Embalmer No. *3478*

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.