

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25233
5778

State File No.
Registrar's No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**
c. LENGTH OF STAY (in this place)
3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION
Lutheran Hospital

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis** **2159**
d. STREET ADDRESS (If rural, give location)
4230 Meramec Street **0**

3. NAME OF DECEASED (Type or Print)
a. (First) **Anna** b. (Middle) **Schake** c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)
June 24, 1951

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 8. DATE OF BIRTH **October 7, 1891** 9. AGE (in years last birthday) **59** 10. UNDER 1 YEAR **8** 11. UNDER 1 Mth. **17**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY
Restaurant 11. BIRTHPLACE (State or foreign country)
St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME **Henry Ulrich** 13b. MOTHER'S MAIDEN NAME **Bertha Walters** 14. NAME OF HUSBAND OR WIFE
Charles F. Schake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Wilma Hensel** ADDRESS **4230 Meramec St.**

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.**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Multiple Malignant Metastases**
ANTECEDENT CAUSES **Carcinoma of Breast** 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
1 1/2 years
2 1/2 years

19a. DATE OF OPERATION **4/3/49** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Rt. Breast** 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **170X**

22. I hereby certify that I attended the deceased from **12/27/48** 19, to **6/24/51**, 19, that I last saw the deceased alive on **6/24/51**, 19, and that death occurred at **11:01 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C.E. Stuedel, M.D.** 23b. ADDRESS **3701 Grand St.** 23c. DATE SIGNED **6/25/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 28, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Our Redeemer Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. B. Pascher** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beiderwieden F. H. Inc., 1936 St. Louis**

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

FILED JUL 16 1951

1936 5 27 1936

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 *Helmut J. Krupine*

Signed.....
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 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 this body is not embalmed, fact should be so stated above.