

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28708

7654

FILED SEP 13 1951

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | 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 township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo. 2049</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2222 RICHERT</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2222 RICHERT</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> | | b. (Middle) <u>R</u> | | c. (Last) <u>SCHRICK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 26 1951</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED WID</u> | | 8. DATE OF BIRTH <u>SEPT. 2 1877</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM W. SCHRICK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMET L. SCHRICK 2222 RICHERT</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>?</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>20410</u> | | | |
| 2. I hereby certify that I attended the deceased from <u>5/22/50</u> , 19 <u>50</u> , to <u>8/26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/26</u> , 19 <u>51</u> , and that death occurred at <u>2:07</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. F. Heun</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>203 Chipewa</u> | | 23c. DATE SIGNED <u>8/28/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>204126</u> | | 24b. DATE <u>AUG. 24 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | |
| DATE REC'D BY LOCAL HEALTH DEPT. <u>SEP 29 1951</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Coagley</u> | | ADDRESS <u>7146 Manchester</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Bert J. Man*
Licensed Embalmer No. *4366*
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.