

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43587**

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **3067** Registrar's No. **3990**

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 town) LADUE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LADUE	
c. LENGTH OF STAY (in this place) years		42 4421	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 4 WICKERSHAM LANE		d. STREET ADDRESS 4 WICKERSHAM LANE	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE	b. (Middle) SHRYOCK	c. (Last) HEMAN.	4. DATE OF DEATH (Month) (Day) (Year) DEC. 14, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 28, 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give 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. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ira G. Shryock.	13b. MOTHER'S MAIDEN NAME May M. McMechen.	14. NAME OF HUSBAND OR WIFE Arthur B. Heman.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Arthur B. Heman., Ladue, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of R. Breast with metastases to Spleen, Pelvis & Liver		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **May 8, 1933**, to **Dec. 14, 1951**, that I last saw the deceased alive on **Dec. 12, 1951**, and that death occurred at **3:30** m., from the causes and on the date stated above.

23a. SIGNATURE Louis J. Patten D.M.D.	(Degree or title)	23b. ADDRESS 3720 Washington St. St. Louis, Mo.	23c. DATE SIGNED 12-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-15-1951	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12-15-51	REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

4001

ONE

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.....
Arnold W. Schoene

Signed.....
Student Embalmer

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.