

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11374**
Registrar's No. **3207**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4709 Ferguson Mo		d. STREET ADDRESS (If rural, give location) 104 Thoroughman	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewett Hosp							
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) S. c. (Last) Clear			4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 53				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH Feb 26, 1916		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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 (City and State or Foreign Country) San Francisco Cal		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adam Sapiro		13b. MOTHER'S MAIDEN NAME Janet Arndt		14. NAME OF HUSBAND OR WIFE Chas. Clear			
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. 555-18-4826		17. INFORMANT'S SIGNATURE OR NAME Chas. Clear ADDRESS 104 Thoroughman Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma of breast <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast						INTERVAL BETWEEN ONSET AND DEATH 5 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast						9 mos.	
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 7/7/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170x			
22. I hereby certify that I attended the deceased from July 1951 , to Mar 25, 1953 , that I last saw the deceased alive on Mar 24, 1953 , and that death occurred at 6:48 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Norman Origel M.D.				23b. ADDRESS 508 Horn Grand		23c. DATE SIGNED 3/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 3/26/53	24c. NAME OF CEMETERY OR CREMATORY Valhalla CREMATORY		24d. LOCATION (City, town, or county) (State). ST Louis Co Mo		
DATE REC'D BY LOCAL REG. MAR 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wray		ADDRESS 4218 Ludell	

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.

No embalming

Signed

D. Meyer

Student
Student Embalmer

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.