

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16190**
4251

FILED **MAY 15 1953** BIRTH NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4251**

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

| | | | |
|---|--|--|---|
| 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) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4820 | |
| d. STREET ADDRESS (If rural, give location) 8942 Arvin Pl. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E. c. (Last) SCHRAND | | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 22 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 3, 1909 |
| 9. AGE (In years last birthday) 44 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME Frank Healy | | 13b. MOTHER'S MAIDEN NAME Mary H. Kehoe | 14. NAME OF HUSBAND OR WIFE Bernard W. Schrand |
| 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. 488-03-2180 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernard W. Schrand 8942 Arvin Pl. | |
| 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) Generalized Carcinomatous ANTECEDENT CAUSES Sarcoma of right breast Morbidity 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"/> | | | |
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 4/9 , 19 53 , to April 22 , 19 53 , that I last saw the deceased alive on April 19 , 19 53 , and that death occurred at 11:30 m., from the causes and on the date stated above. 170X | | | |
| 23a. SIGNATURE (Name or title) <i>[Signature]</i> | | 23b. ADDRESS 915 Decade Bldg. St. Louis | 23c. DATE SIGNED 4/24/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Apr. 27, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| DATE REC'D BY LOCAL REG. APR 24 1953 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl | |

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.

Student
Student Embalmer

Signed *Edwin A M Herriott*

Licensed Embalmer No. *3024*

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.