

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26873**  
**6921**

FILED AUG 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>Webster Groves</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1429 Pinetree Lane</b> <b>417</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>CATHERINE M. SCHRAND</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 14 1953</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>May 19, 1886</b>	<b>9. AGE (In years last birthday)</b> <b>67</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired.) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
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<b>13a. FATHER'S NAME</b> <b>Herman Wilken</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Kate Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Late William H. Schrand</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>William G. Schrand 4332 Ravenwood</b>			
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>Cystadenocarcinoma</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 mo.</b>
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>175X</b>	
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**22. I hereby certify that I attended the deceased from 10-28, 1947, to 7-14, 1953, that I last saw the deceased alive on 7-13, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>634 N. Grand</b>		<b>23c. DATE SIGNED</b> <b>7-14-53</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>July 17, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>S/S Peter &amp; Paul Cem.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>		
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 14 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>			
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(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William S. White*.....

Licensed Embalmer No. *429*

P. O. Address *428 King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.