

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34013

State File No. 9201

FILED OCT 15 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

9201

| | | | | | | |
|---|-------------------------------|--|-------------|---|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | d. STREET ADDRESS (If rural, give location) 6319 Amelia Avenue | | | | |
| 3. NAME OF DECEASED (Type or Print) Michael | | a. (First) J. | b. (Middle) | c. (Last) Schrambek | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 22 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 26, 1899 | 9. AGE (In years last birthday) 54 years | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Michael Schrambek | | 13b. MOTHER'S MAIDEN NAME Martha Nkrant | | |
| 14. NAME OF HUSBAND OR WIFE Marie Schrambek | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. 490-01-1431 | | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Schrambek | | ADDRESS 6312 Amelia Ave. | | | | |
| 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) Carcinoma of Left Maxilla 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 |
| 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 196X. | | |
| 22. I hereby certify that I attended the deceased from May , 1953, to Sept 22 , 1953, that I last saw the deceased alive on Sept 22 , 1953, and that death occurred at 3:20 Pm. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE W. H. Jost M.D. | | (Degree or title) | | 23b. ADDRESS 2803 N. Kingshighway | | |
| 23c. DATE SIGNED Sept. 23-53 | | (State) | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-25-53 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | |
| 24d. LOCATION (City, town, or county) St. Louis | | 24e. STATE Missouri | | | | |
| DATE REC'D BY LOCAL REG. SEP 24 1953 | | REGISTRAR'S SIGNATURE Calvin F. Feutz | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz | | |
| | | | | ADDRESS 4828 Natural Bridge Blvd. | | |

(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
Student Embalmer

Signed Rolph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.