

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6757

FILED MAR 4 1954

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1256

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. CITY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 Y 3 M 20 D</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHRONIC HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>4636 Prolean Ave.</u>					
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <u>HELENA</u>		b. (Middle)		c. (Last) <u>SCHAAF</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 1954</u>		<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>			
<b>8. DATE OF BIRTH</b> <u>July 4, 1865</u>		<b>9. AGE</b> (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months      Days		IF UNDER 24 HRS. Hours      Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <input type="radio"/> <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Late John SchAAF</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Rose Griffin 7802 Wanda Ave.</u>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Adenocarcinoma rt. breast</u>				<u>years</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<u>Carcinoma uterine</u>				<u>years</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>							
<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)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>174X</u>					
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct. 17, 1952</u> , to <u>Feb. 7, 1954</u> , that I last saw the deceased alive on <u>Feb. 7, 1954</u> and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.									
<b>23a. SIGNATURE</b> (Degree or title) <u>George Sperry M.D.</u>				<b>23b. ADDRESS</b> <u>5600 Arsenal St.</u>				<b>23c. DATE SIGNED</b> <u>2/8/54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State)			
<u>Burial</u>		<u>Feb. 10, 1954</u>		<u>S/S Peter &amp; Paul Cem.</u>		<u>St. Louis, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 9 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>					

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Richard W. Storren*.....

Licensed Embalmer No. 400.....

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