

FILED MAY 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14431**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1004

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Town Richmond Hights</u> | | c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>OR University City</u> | |
| c. LENGTH OF STAY (in this place) <u>12 days</u> | | d. STREET ADDRESS (If rural, give location) <u>6402 Maple Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospt.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> | b. (Middle) <u>C</u> | c. (Last) <u>Schrick</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4/29/54</u> |
|---|----------------------|--------------------------|---|

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|--------------------|-------------------------------|--|---|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Aug. 16/1937</u> | 9. AGE (In years last birthday) <u>16</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 WEEK Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School-Boy</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Fred Schrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Helen Wagner</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Schrick</u> | ADDRESS <u>6402 Maple Ave.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u> | | |
| | 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. <u>_____</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>_____</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>2040</u> |
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|---|---|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|---|---|---------------------------|

22. I hereby certify that I attended the deceased from April 29, 1954 to April 29, 1954 that I last saw the deceased alive on 4-29, 1954 and that death occurred at 12:45 pm., from the causes and on the date stated above.

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|---------------------------------------|-------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>Lew Rulligan</u> | (Degree or title) | 23b. ADDRESS <u>730 Hodiamont</u> | 23c. DATE SIGNED <u>4-30-54</u> |
|---------------------------------------|-------------------|--------------------------------------|------------------------------------|

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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5/3/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| | | | |
|--|--|--|---------------------------------------|
| DATE REC'D BY LOCAL REG. <u>4/30/54</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> | ADDRESS <u>1125 Hodiamont Ave.</u> |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Alfred J. Broedeker*
Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiament*

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.