

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21219**  
Registrar's No. **5610**

|  |  |   |   |  |  |  |   |
|--|--|---|---|--|--|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>5610</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri,</b> b. COUNTY _____ |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> <b>f</b>  |  |   | c. LENGTH OF STAY (in this place) _____                             |  | c. CITY OR TOWN <b>St. Louis,</b>                  |  | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4226 Virginia Ave.,</b>  |  |   |   | e. STREET ADDRESS (If rural, give location) <b>15 4226 Virginia Ave.,</b>  |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Anna</b>  |  |   | b. (Middle) <b>J.</b>   |  | c. (Last) <b>Schwald,</b>                          |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1954.</b>   |
| 5. SEX <b>Female, /</b>  |  | 6. COLOR OR RACE <b>White,</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single, /</b>  |  | 8. DATE OF BIRTH <b>February 18, 1917</b>  |   |
| 9. AGE (In years last birthday) <b>37</b>  |  | IF UNDER 1 YEAR Months _____ Days _____   |   | IF UNDER 10 HRS. Hours _____ Min. _____  |  |  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chemist</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Lambert Pharmaceutical Co.</b> |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri, /</b> |   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |   | 13a. FATHER'S NAME <b>Bernhard Schwald,</b>                         |  | 13b. MOTHER'S MAIDEN NAME <b>Magdalena Metzger</b> |  | 14. NAME OF HUSBAND OR WIFE _____   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Magdalena Schwald, 4226 Virginia Ave.,</b>  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | <p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rt Colon</b></p> <p>ANTECEDENT CAUSES<br/>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.<br/>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS<br/>Conditions contributing to the death but not related to the disease or condition causing death.</p> |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>  |
| 19a. DATE OF OPERATION <b>12/26/53</b>   |  | 19b. MAJOR FINDINGS OF OPERATION <b>Advanced Abdominal Carcinomatosis</b>   |   |  |  |  | 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) <b>153 X</b>   |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <b>6/21/54 8:15 AM</b>  |  |  |   |
| 22. I hereby certify that I attended the deceased from <b>12/22, 1953</b> , to <b>12/26, 1954</b> , and that death occurred at <b>11:15 P.m.</b> , from the causes and on the date stated above.                               |  |   |   |  |  |  |   |
| 23a. SIGNATURE (Degree or title) <b>James T. Hueston M.D.</b>  |  |   |   | 23b. ADDRESS <b>106 So Central</b>   |  | 23c. DATE SIGNED <b>6/22/54</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>   |  | 24b. DATE <b>6/25/54</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>        |   |
| DATE REC'D BY LOCAL REG. <b>JUN 23 1954</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>                         |  |  |   |

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 424

P. O. Address.....  
2842 Meramec  
St. Louis.

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.