

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32404

State, File No. 2189

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2189

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) <u>Clayton, Missouri</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		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 <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>1115 Hoyt Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>S</u> c. (Last) <u>de MASY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1954</u>		
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>8 - 13 - 1886</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Arthur de Masy</u>	
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 ADDRESS <u>Arthur J. de Masy, 1115 Hoyt Ave.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of stomach</u>		DUPLICATE OF (b) <u>massive extensive metastases</u>		<u>Diagnosed July 1954</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

19a. DATE OF OPERATION <u>July 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>subtotal gastrectomy in</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 14, 1954, to Sept. 14, 1954, that I last saw the deceased alive on Sept. 14, 1954, and that death occurred at 6:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack L. Hagadorn MD.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>9/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-16-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>	
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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.....
Albert R. Thompson

Licensed Embalmer No. 42

P. O. Address.....
H. J. ...

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.