

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 28 1955

State File No. **41976**

10380

BIRTH NO. _____

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN University City ¹³⁴⁶	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bernard Nursin Home		e. STREET ADDRESS (If rural, give location) 7352 Pershing Blvd;			

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) Schmittel c. (Last) DELHOUSE.			4. DATE OF DEATH (Month) (Day) (Year) NOV. 27, 1955		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 22, 1887		9. AGE (In years last birthday) 68		# UNDER 1 YEAR Months _____ Days _____		# UNDER 6 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County Missouri				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Schmittel		13b. MOTHER'S MAIDEN NAME Dorothy Friermuth		14. NAME OF HUSBAND OR WIFE George H. Delhouse	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Marx-7352 Pershing Ave. U-City				ADDRESS	
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinoma (Primary-Breast)							
		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. Related mastectomies for each breast - 5+2 years							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 15, 1949, to Nov 27, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Dean F. Beaman</i>		(Degree or title) MD		23b. ADDRESS 35th Central - St. Louis		23c. DATE SIGNED 11/27/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 29, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
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DATE REC'D BY LOCAL REG. NOV 28 1955		REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons; 7233 Delmar Blvd;				ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *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.