

FILED VS. FEB 28 1961 318 Primary Registration District No. 1003 Registrar's No. 1601

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 40 YEARS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2050 KNOX			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2050 KNOX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT R. SCHRAND				4. DATE OF DEATH Month Day Year FEBRUARY 15, 1961			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/16/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRAFTSMAN			10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE SCHRAND			13b. MOTHER'S MAIDEN NAME SUSANNA RHODES		14. NAME OF HUSBAND OR WIFE EDNA SCHRAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.	17. INFORMANT MRS. EDNA SCHRAND		Address SEE #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Lung</i>							INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) <i>163x</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Cardio Vascular Disease</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>1956</i> to <i>2/15/61</i> and last saw her/him alive on <i>2/14/61</i> Death occurred at <i>10:00 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Sallan J. Wye</i> (Degree or title)				22b. ADDRESS <i>3915 Watson Rd</i>		22c. DATE SIGNED <i>2/17/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE <i>2/18/1961</i>	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MISSOURI		(State)	
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI			25. DATE RECD. BY LOCAL REG. FEB 17 1961		26. REGISTRAR'S SIGNATURE <i>Rosal Smith, M.D.</i>		

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 *Bice G. Brunson*

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.