

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 22 1952 STANDARD CERTIFICATE OF DEATH

26310

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6768			
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, write RURAL and give township) St. Louis,			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,				d. STREET ADDRESS (If rural, give location) 7202a Minnesota Ave.,					
3. NAME OF DECEASED (Type or Print) Frances Schorege			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH July 10, 1952			(Month)		(Day)		(Year)		
5. SEX Female!		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2		8. DATE OF BIRTH March 21, 1890		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Diefenbronner,			13b. MOTHER'S MAIDEN NAME Christine Hemmy,			14. NAME OF HUSBAND OR WIFE August Schorege,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy H. Kleb,				ADDRESS 2230 Alberta St.,	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial effusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pericardial effusion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION 1947-Aug.		19b. MAJOR FINDINGS OF OPERATION Abdominoperitoneal resection of adenocarcinoma of rectum						20. AUTOPSY? YES <input 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) _____		21d. (COUNTY) _____		21e. (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? 154X					
22. I hereby certify that I attended the deceased from Aug. 1947, 19 , to July 10, 1952 , that I last saw the deceased alive on July 10, 1952 , and that death occurred at 12:05 PM. , from the causes and on the date stated above.									
23a. SIGNATURE Richard M. Smith M.D.				23b. ADDRESS 1145 So. Grand		23c. DATE SIGNED 7/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, 4		24b. DATE 7/14/52		24c. NAME OF CEMETERY OR CREMATORY National Cemetery,		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
DATE REC'D BY LOCAL REG. JUL 12 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St.,			
						St. Louis, 18, MO.			

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Licensed Embalmer No. 4249

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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 this body is not embalmed, fact should be so stated above.