

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33405

State File No. _____

FILED SEP 25 1952

318

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

Registrar's No. 8456

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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
3. NAME OF DECEASED (Type or Print) a. (First) LILLY		d. STREET ADDRESS (If rural, give location) 2329 S. Compton	
b. (Middle) A.		4. DATE OF DEATH Sept. 7, 1952	
c. (Last) SCHRUM		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 23, 1889		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Farmington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Taylor Jackson		13b. MOTHER'S MAIDEN NAME Pricella Welch	
14. NAME OF HUSBAND OR WIFE Dewitt Schrum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Dewitt Schrum, 2329 S. Compton, St. Louis.	
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) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>July 20</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		331X	
22. I hereby certify that I attended the deceased from <u>July 20, 1952</u> to <u>Sept 7, 1952</u> , that I last saw the deceased alive on <u>Sept 5, 1952</u> and that death occurred at <u>3:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H.G. Moore M.D.</u> (Degree or title)		23b. ADDRESS <u>917-5018</u>	
23c. DATE SIGNED <u>9-8-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Sept. 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell, Missouri.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN FUNERAL HOME, INC.</u>	
DATE REC'D BY LOCAL OFF. SEP 8 1952		REGISTRAR'S SIGNATURE <u>K. Carl Smith M.D.</u>	

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

Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No. *4550*

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 this body is not embalmed, fact should be so stated above.