

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17602

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	c. LENGTH OF STAY (in this place) 15 mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Krakow, 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.		d. STREET ADDRESS (If rural, give location) None. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Madelyne c. (Last) Schwartz.			4. DATE OF DEATH (Month) (Day) (Year) May 22nd, 1953.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19th, 1908.
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 4 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker		10b. KIND OF BUSINESS OR INDUSTRY Own Home.	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Girous.	
13b. MOTHER'S MAIDEN NAME Mary Grogan.		14. NAME OF HUSBAND DECEASED Dr. Alfred J. C. Schwartz.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None.		16. SOCIAL SECURITY NO. 344-18-6138	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Alfred J. C. Schwartz Krakow, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Pulmonary Embolism ANTECEDENT CAUSES DUE TO (b) Metastatic Carcinoma Lung DUE TO (c) Carcinoma breast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Breast removed (radical) Nov 1927 in California	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May 20, 1953</u> , to <u>May 22, 1953</u> , that I last saw the deceased alive on <u>May 21, 1953</u> and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 705 E. ... Washington, Mo.	23c. DATE SIGNED 5-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 23, 1953.	24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery,
24d. LOCATION (City, town, or county) (State) Chicago, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pielburg & Vitt, Inc. Washington, Mo.	

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

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MAY 28 1950

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 *Lester A. Platt* _____

Licensed Embalmer No. *3254* _____

P. O. Address *Washington, 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.