

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34014**
Registrar's No. **8180**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN ST LOUIS, MO.		c. CITY OR TOWN ST LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs		e. STREET ADDRESS (If rural, give location) 23 1515 LAFAYETTE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE MARY b. (Middle) _____ c. (Last) SCHREIBER	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	4. DATE OF DEATH (Month) (Day) (Year) Aug 22, 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY _____	8. DATE OF BIRTH 18, Nov 1899
13a. FATHER'S NAME CHARLES A. SCHREIBER		13b. MOTHER'S MAIDEN NAME JEANNE FORESTER	9. AGE (In years: last birthday) (Months) (Days) (Hours) (Min.) 53
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. _____	11. BIRTHPLACE (City and State or Foreign Country) LA 1
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, ashenia, etc. It means the disease, injury, or complication which caused death.		12. CITIZEN OF WHAT COUNTRY? U.S.	
19a. DATE OF OPERATION _____		14. NAME OF HUSBAND OR WIFE _____	
19b. MAJOR FINDINGS OF OPERATION _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph V. O'Donnell U.S.A. - St. Louis, Mo.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		INTERVAL BETWEEN ONSET AND DEATH ?	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? 170X		22. I hereby certify that I attended the deceased from 7-16-53, 1953, to 8-22-53 19 53 that I last saw the deceased alive on 8-22- , 1953, and that death occurred at 2:15 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Joseph V. O'Donnell M.D.		23b. ADDRESS 1515 Lafayette - St. Louis MO	
23c. DATE SIGNED 22, Aug 53		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE Aug. 24, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
24d. LOCATION (City, town, or county) (State) Covington, La.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Earl Smith, M.D. 240 Lindell Blvd.	
DATE REC'D BY LOCAL REG. AUG 24 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. S. L. [Signature].....

Licensed Embalmer No. 46.....

P. O. Address [Signature].....

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.