

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44570**

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>3152</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>5 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Sheridan Dr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1421 Sheridan Dr.</b>				d. STREET ADDRESS (If rural, give location) <b>1421 Sheridan Dr.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>Elizabeth</b>			c. (Last) <b>French</b>	
4. DATE OF DEATH <b>Dec 9, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec 7 1883</b>		9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frederick Schramm</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gruenewald</b>		14. NAME OF HUSBAND OR WIFE <b>Le Roy French</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-28-5337</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vincent Gilder 10318 St. Joan La.</b>			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Coronary Occlusion</b>				<b>Interval</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Right sided heart failure</b>				<b>11 hours</b>			
DUE TO (c) <b>Hypertension E.V.D.</b>				<b>?</b>			
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 <b>4201</b>				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) (Min.)		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 <b>May, 1923</b> , to <b>12/9, 1953</b> , that I last saw the deceased alive on <b>12/9, 1953</b> , and that death occurred at <b>7:30 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter C. Gray, M.D.</b>				23b. ADDRESS <b>8938 St. Charles Road, St. Louis 14, Mo.</b>		23c. DATE SIGNED <b>Dec 9 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 12, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Charles Borromeo</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/10/53</b>		REGISTRAR'S SIGNATURE <b>Walter C. Gray, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Collins Funeral Home 10123 St. Charles</b>			

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

**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.