

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030779

FILED VS AUG 3 1 1959

Registration-District No. _____ Primary Registration District No. _____ Registrar's No. **2 7294** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo.	b. COUNTY St. Louis
Length of stay in 1b 10 days		c. CITY OR TOWN University City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 7358 Amherst	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SAMUEL Middle SCHRENZEL Last			4. DATE OF DEATH Month Aug. Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Peritor		10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf	11. BIRTHPLACE (City and state or country) Austria	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Abr. Schrenzel		13b. MOTHER'S MAIDEN NAME Rurh Schulman		14. NAME OF HUSBAND OR WIFE Rose	
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. Unk.	17. INFORMANT Address Rose Schrenzel 7358 Amherst		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of rectum			INTERVAL BETWEEN ONSET AND DEATH 2-3 mo? 36 hrs 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory collapse			
DUE TO (c) Abdomino-perineal resection			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION University City, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 27 July 1959 to 5 August 1959 and last saw ^{him} her alive on 4 August, 1959 Death occurred at 330 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Warren T Eckart		22b. ADDRESS 539 W. Grand Ave	22c. DATE SIGNED 8/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 8/16/59	23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha	23d. LOCATION (City, town, or county) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson	25. DATE RECD. BY LOCAL REG. AUG 6 '59	26. REGISTRAR'S SIGNATURE Walter Smith, M.D.
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W. J. B.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward J. Burns*

Licensed Embalmer No. 398

P. O. Address _____

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.