

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36872
State File No.
Registrar's No. 10255

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL.") 923
(d) Street No. 1200 Allen Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Anton Rychlink

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Alvina Rychlink 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unknown about 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 53 Unknown hr. min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alvina Rychlink

(b) Address 1200 Allen Ave.

17. (a) Burial (b) Date thereof 11/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director. Wm. B. Mendell
(b) Address 1926 Allen Ave

19. (a) NOV 23 1943 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22,
year 1943 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from October
21, 19 43, November 22, 19 43

that I last saw him alive on November 22, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Nephritis Duration

Due to Duodenal ulcer

Due to Cerebrospinal Syphilis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William J. Darr (M. D. or other) 11/27/43
Address 1515 Lafayette Avenue, Date signed _____

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

....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3241

P. O. Address 1926 Allman

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.