

No. 300
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#88653
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28435
7320
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FRANK RESETARITS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MARIP

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation LABOR

11. Industry or business _____

MOTHER FATHER

12. Name George Resetarits

13. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)

14. Maiden name MARY H.K.

15. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Brian

(b) Address 2225 MULLENBURY

17. (a) burial (b) Date thereof Aug 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHARIS

18. (a) Signature of funeral director Cutler Kelly

(b) Address 4356 2nd St

19. (a) AUG 20 1948 (b) J. K. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2733 ARMAND PL
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 8/8/48
5 1948 to August 18th 1948
that I last saw h. im alive on August 18th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, far advanced, bilat.

Due to _____

Due to _____

Other conditions 13
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy same

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) _____

(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 Carin Herdlin (M. D. or other) MD
Address 1515 Lafayette Date signed 8/19/48

WRITE PLAINLY—USE 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.....

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

Signed Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.