

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17261
4242

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3254 Pennsylvania Ave.				d. STREET ADDRESS (If rural, give location) 3254 Pennsylvania Ave					
3. NAME OF DECEASED (Type or Print) John			a. (First)		b. (Middle) Frank		c. (Last)		
4. DATE OF DEATH 5-9-1949		DATE OF DEATH		5-9-1949		(Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-1-1882			
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME John Frank			13b. MOTHER'S MAIDEN NAME Louisa Hoepfer			14. NAME OF HUSBAND OR WIFE Dora			
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. 493-01-7955		17. INFORMANT'S SIGNATURE OR NAME Dora Frank		ADDRESS 3254 Pennsylvania A			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver				DUE TO (b) Myocarditis				3 month	
ANTECEDENT CAUSES				DUE TO (c) Cardiac Asthma				9 month	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cardiac Asthma				2 year	
11. OTHER SIGNIFICANT CONDITIONS				None					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		12th St			
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?		5810			
22. I hereby certify that I attended the deceased from July 5, 1948, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Julius Char. Roter (Degree or title) M.D.				23b. ADDRESS 2603 Cherokee St.		23c. DATE SIGNED May 11, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-1949		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road Mo			
DATE REC'D BY LOCAL REG. MAY 12 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eugene B. ... 6409 Gravois Ave					

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

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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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.