

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17703  
Registrar's No. 2285

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003

23

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri.		b. COUNTY none	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1800a Allen Avenue		d. STREET ADDRESS 1800a Allen Avenue			

3. NAME OF DECEASED (Type or Print) FRANK			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 2-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 2-1881		9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME William Simane		13b. MOTHER'S MAIDEN NAME Josephine (Unknown)		14. NAME OF HUSBAND OR WIFE Marie Simane			
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.		17. INFORMANT'S SIGNATURE OR NAME Marie Simane		ADDRESS 1800a Allen Avenue	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 MO IN
	ANTECEDENT CAUSES DUE TO (b) <u>Gastric ulcers</u>		
	DUE TO (c)		
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		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) H12	
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 157X	

22. I hereby certify that I attended the deceased from Nov 18, 1948, to April 30, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Phillard G. Nash D.O.</u>		23b. ADDRESS <u>1829 S 18th St St Louis Mo</u>		23c. DATE SIGNED <u>5/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE May 4-1949	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. MAY 2	REGISTRAR'S SIGNATURE <u>J. B. Farver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Wood</u>	ADDRESS 1926 Allen Avenue
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*me*

**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

Student Embalmer No. ....

working under my personal supervision.

Signed Benj. C. Duncan

Signed .....  
Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**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.