

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20834

State File No. ....

FILED JUL 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5825**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>0</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>City Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>5034 N. Union Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>J.</b> c. (Last) <b>Buchholz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3rd. 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 3rd 1949 21</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY?		13. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Step Father John Murphy.</b>	13b. MOTHER'S MAIDEN NAME <b>Molitor</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Murphy.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hydrocephalus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b> <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal shut down</b>		
	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 <b>6/9/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Increased Spinal Fluid Pressure</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>157a</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>752X</b>

22. I hereby certify that I attended the deceased from **1/5/49**, 19\_\_\_, to **7/3/49**, 19\_\_\_, that I last saw the deceased alive on **7/3/49**, 19\_\_\_, and that death occurred at **9:23pm**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Thomas A. ... M.D.</b>	23b. ADDRESS <b>1515 Lafayette Ave.,</b>	23c. DATE SIGNED <b>7/5/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>July 6th 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>calvary</b>	24d. LOCATION (City, town, or county) (State) <b>st. Louis</b>
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DATE REC'D BY LOCAL REG. <b>JUL 5 1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan</b>	ADDRESS <b>2849 n. euclid</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

C. Grayson

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert L. Bankma*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3563

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 this body is not embalmed, fact should be so stated above.