

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21454

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5574

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5574	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS 0		c. LENGTH OF STAY (in this place) 50 YRS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 17		d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		e. STREET ADDRESS CITY INFIRMARY 5800 ARSENAL ST		4. DATE OF DEATH JUNE 28, 1949		3. NAME OF DECEASED a. (First) FRANK b. (Middle) X. c. (Last) MOERT	
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH Nov. 18, 1876		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BLOG. CONSTRUCTION		11. BIRTHPLACE (State or foreign country) UNK. AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN MOERT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA L. MOERT			
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. 499-056949A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas F. Moert 3108 1/2 Grand			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Subdural hemorrhage suffered in fall from porch of second floor of City Infirmary about 9:00 am June 27, 1949. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo MO		21d. TIME OF INJURY June 27 49 9:01 a.m.	
21d. TIME OF INJURY June 27 49 9:01 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 39			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 p.m., from the causes and on the date stated above. 2-N							
23a. SIGNATURE (Degree or title) Patricia C. Taylor Cor 3				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 30 1949		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JUN 28 1949		REGISTRAR'S SIGNATURE J. B. Laster		FUNERAL DIRECTOR'S SIGNATURE Wiedmeyer & Sons		ADDRESS 3924 1/2 20 St	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Merville B. Frohwitter

Signed _____

Student Embalmer

Licensed Embalmer No. 3696

3934 N. 20th ST.

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.