

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24419**  
Registrar's No. **5754**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE OF DECEASED LIVED. If institution: residence before admission.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</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 HOSPITAL OR INSTITUTION <b>6811 Marquette Ave.</b>				3. STREET ADDRESS (If rural, give location) <b>6811 Marquette</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Frank</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Close</b>	
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>25</b>		(Year) <b>1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 15, 1886</b>		9. AGE (in years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carburetor</b>		11. BIRTHPLACE (State or foreign country) <b>Pacific, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Charles C. Close</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie Henry</b>			14. NAME OF HUSBAND OR WIFE <b>Edith M. Close</b>	
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>Yes</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Manfred Duerfob, 6915 Marquette</b>			
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) <b>Myocardial Infarction due to Coronary Occlusion</b>  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				20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4/201</b>			
22. I hereby certify that I attended the deceased from <b>1/25</b> , 19 <b>51</b> to <b>6/16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6/15</b> , 19 <b>51</b> , and that death occurred at <b>12:00 Noon</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph Berglund</b>				23b. ADDRESS <b>32038 Grand</b>		23c. DATE SIGNED <b>6/26/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pacific, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Pacific, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 26 1951</b>		REGISTRAR'S SIGNATURE <b>J. Blaser</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</b>			

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

Dr. Ralph Berg,  
3203 So. Grand.

11:30 AM

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 2814 S. Broadway

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.