

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1952

State File No. 2799
0444

BIRTH NO. _____ REG. DIST. NO. 318 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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Hospital		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital.		d. STREET ADDRESS (If rural, give location) 6329 Wellsmar Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) ALEXANDER	b. (Middle) FRANK	c. (Last) FRANK	4. DATE OF DEATH (Month) (Day) (Year) January 14, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 0	8. DATE OF BIRTH March 8, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger	10b. KIND OF BUSINESS OR INDUSTRY Commercial Blueprint Company	11. BIRTHPLACE (State or foreign country) Philadelphia, Pa. 1	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Bernard Frank	13b. MOTHER'S MAIDEN NAME Flora Brown	14. NAME OF HUSBAND OR WIFE Lillian D. Frank.
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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)	16. SOCIAL SECURITY NO. 493-10-9804	17. INFORMANT'S SIGNATURE OR NAME Milton Frank, ADDRESS 6329 Wellsmar Avenue.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>
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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)
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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? H201
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22. I hereby certify that I attended the deceased from **December, 1945**, to **1/11**, 1952, that I last saw the deceased alive on **1/11**, 1952, and that death occurred at **5:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Milton A. Nantz M.D. (Degree or title)	23b. ADDRESS 3903 Park Ave	23c. DATE SIGNED 1-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri.
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DATE REC'D BY LOCAL REG. JAN 15 1952	REGISTRAR'S SIGNATURE Shepard Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, ADDRESS 1167 Hamilton Ave.
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.