

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6821

State File No. ....  
Registrar's No. .... 1108

FILED FEB 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived., If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 224.9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>24 2102 CHIPPEWA</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>A.</u> c. (Last) <u>THON</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB. 3 1952</u>
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>9</u>	<b>8. DATE OF BIRTH</b> <u>JULY 11 1873</u>
<b>9. AGE</b> (In years last birthday) (Months) (Days) (Year) <u>78</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>4</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>RANGO RING CO GERMANY</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>4</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>4</u>	
<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>MINNIE THON</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MINNIE THON 2102 CHIPPEWA</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Emphysema</u>			
DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____
<b>22. I hereby certify that I attended the deceased from _____, 19<u>52</u>, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>100P</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Patrick E. Taylor Coroner</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1300 Clark</u>	<b>23c. DATE SIGNED</b> <u>24 52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>FEB. 6 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>NEW ST. MARCUS</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS Mo</u>
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <u>FEB 4 1952</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thomas Kutis</u>	<b>ADDRESS</b> <u>2906 Harris</u>	

**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.....

*James C. Will*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2401 Leavitt*

**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.