S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10406

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO 1003 Registrar's No. 2388

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

c. LENGTH OF STAY (in this place) June 8, 1948 March 8, 1952

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis. 2139

d. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 13

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Papin

4. DATE OF DEATH (Month) (Day) (Year) March 8, 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH June 17, 1867

9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank

13b. MOTHER'S MAIDEN NAME Celeste Meyotl

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Record 5800 Arsenal St.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Chronic Pyelouephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 154X

22. *I hereby certify that I attended the deceased from* June 8 *19*48 *to* March 8 *19*52, *that I last saw the deceased alive on* March 8, *19*52, *and that death occurred at* 10,00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Palmer Romaine Bowdish M.D.

23b. ADDRESS 5800 Arsenal Street.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL U

24b. DATE MARCH 15-52

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REGISTRAR MAR 13 1952

REGISTRAR'S SIGNATURE J Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 4386 Lindell

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

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.