S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18494

BIRTH NO. MAY 27 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4313

0

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

non enclosures

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4713
d. STREET ADDRESS (If rural, give location): 317 South Kirkwood Road.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): SCHALLON

4. DATE OF DEATH (Month) (Day) (Year): MAY 4, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: 5-30-1895
9. AGE (In years last birthday): 56 — 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): labbrer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Kirkwood, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Went Schallon
13b. MOTHER'S MAIDEN NAME: Anna Steele
14. NAME OF HUSBAND OR WIFE: none

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.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jos. Fritsch, 317 So. Kirkwood.

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) Chronic pyelonephritis c̄ abscess formation + uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) arteriosclerotic heart disease

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 ☒ 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? Good

22. *I hereby certify that I attended the deceased from* 4-8-52, 19__, *to* 5-4-52, 19__, *that I last saw the deceased alive on* 5-4-52, 19__, *and that death occurred at* 5:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. Workman M. D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 5-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 5-7-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): House Springs, Mo.

DATE REC'D BY LOCAL REG.: MAY 8 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD M/B
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John Brimmer, House Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 39 67

P. O. Address St Louis

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.