

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6186

State File No.

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1284**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis				a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) #4 A. So. Ewing Avenue 2229			
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle)		c. (Last) Frank	
4. DATE OF DEATH		(Month) 2		(Day) 5		(Year) 54	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-27-1895		9. AGE (In years last birthday) 58	
IF UNDER 1 YEAR Months 5 Days 8 Hours Min. 		IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Arkansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harrison Stewart		13b. MOTHER'S MAIDEN NAME Lucy Daniel		14. NAME OF HUSBAND OR WIFE Leon Frank			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Leon Frank			
				ADDRESS #4 So. Ewing Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal Carcinoma glandular			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Progressive Cancer of the Stomach DUE TO (c) 			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH 3 7/8			
Conditions contributing to the death but not related to the disease or condition causing death. none							
19a. DATE OF OPERATION Nov 9, 1953		19b. MAJOR FINDINGS OF OPERATION Progressive Cancer of the Stomach & Lymphatic Nodes.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from Oct 31, 1953, to Feb 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Oliver Tolbert</i>				(Degree or title)		23b. ADDRESS 457 N. Kings Highway	
				23c. DATE SIGNED 2/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) Jefferson Barracks, Missouri	
DATE REC'D BY LOCAL REG. FEB 10 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, 2820 Stoddard St.			
				ADDRESS			

(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 F. E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.