

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13272**
Registrar's No. **3447**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo b. COUNTY 2256	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O. City Hospital		e. STREET ADDRESS (If rural, give location) 25 Globe Hotel 112 1/2 N 6th	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Caron		4. DATE OF DEATH (Month) (Day) (Year) 4-15-54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-17-1886
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	11. BIRTHPLACE (City and State or Foreign Country) Kansas
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME ALFRED CARON		13b. MOTHER'S MAIDEN NAME Ida Cooper	
14. NAME OF HUSBAND OR WIFE Myrtle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mae Williams	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 215 No. Sarah	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of skull and brain, self-inflicted in bathroom # 15, of Globe Hotel 112 1/2 North 6th on April 15, 1954.		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 15, 1954.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, playground, office bldg., etc.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.
21d. TIME OF INJURY Apr 15 54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E976X

22. I hereby certify that I attended the deceased from **6:20** 19**54**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Patrick J. Taylor Caron	(Degree or title)	23b. ADDRESS 1900 Clark	23c. DATE SIGNED 4-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removed	24b. DATE 4-18-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) St. Marys, Mo.

DATE REC'D BY LOCAL REG. APR 17 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mo German	ADDRESS Funeral Home Hatfield Mo
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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.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*
Licensed Embalmer No.....
P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**