

No. 300
10.48

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38480

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Rural St. Francois		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 23Y;1M;10d.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		e. STREET ADDRESS (If rural, give location) City Sanitarium - 5400 Arsenal	

3. NAME OF DECEASED (Type or Print) FRANK		a. (First)	b. (Middle)	c. (Last) CESAL	4. DATE OF DEATH (Month) (Day) (Year) November 7, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 28, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY? Austria

13a. FATHER'S NAME Frank Cesal	13b. MOTHER'S MAIDEN NAME Unknown	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) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.
--	------------------------------	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - - - - -		abt. 8 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease - - - Unknown. DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1953, to Nov. 7, 1954, that I last saw the deceased alive on Nov. 7, 1954, and that death occurred at 9:00p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Brennan M.D.	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 11-8-54
---	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-10-54	24c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept. St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
---	--------------------	---	---

DATE REC'D BY LOCAL REG. Nov. 8, 1954	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Mo.
---------------------------------------	--------------------------------------	---

(Licensed Undertaker's Statement on Reverse Side)

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

0940

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.. *Not embalmed*

Student _____
Signature of Student Embalmer

Signed *Paul Dwyer* _____

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.