

FILED OCT 7 - 1955.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318State File No. 31438
Registrar's No. 8528

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8528							
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>8Y5M1d</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Chronic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>13 5600 Arsenal</u> 21290									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Samona</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>7/2/1868</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>packer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hauptman Tobacco Co.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>unk nown</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Samona</u>					
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. <u>491-14-4564 A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chronic Hospital, 5600 Arsenal</u>							
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) <u>Hypertensive Cardio Vascular disease</u>								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension.</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>								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) (Min.)		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 <u>4/17</u> , 19 <u>47</u> , to <u>9/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/29</u> , 1955, and that death occurred at <u>6:50A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>George M. Janaka, M.D.</u> (Degree or title)						23b. ADDRESS <u>5600 Arsenal</u>				23c. DATE SIGNED <u>Sept 29, 1955</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/1/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>SEP 29 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Gebken Sons Und. Co. 2630 Gravois Ave.</u>							

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.....
Signature of Student Embalmer

Signed..... *Robert F. Gleske*

Licensed Embalmer No. ⁴⁷⁴⁴.....

P. O. Address 2630 Gravois A.....

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.