

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42836

State File No. ....

FILED JAN 12 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>3061</u>													
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>St. Louis</u>											
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u> )		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY OR TOWN <u>Wellston 4301</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>St. Louis Co. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>6310 Wells Ave.</u>															
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Corz</u>			b. (Middle)			c. (Last) <u>Frink</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28, 1955</u>							
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 23, 1883</u>			9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Isaac Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Frances Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Harold Frink, Dec.</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Harper</u>				ADDRESS <u>1921 Larch</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				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>												<u>acute</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____																			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus, Ca of colon, <del>car</del> (carcinoma)</u>												<u>? chronic</u> <u>?</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4/65x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>12-13, 1955</u> , to <u>12-28, 1955</u> , that I last saw the deceased alive on <u>12-28, 1955</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <u>A. Remney M.D.</u>						23b. ADDRESS <u>601 S. Brentwood, Clayton Mo</u>						23c. DATE SIGNED <u>12/29/55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>12-29-55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Fort Scott, Kansas</u>							
DATE REC'D BY LOCAL REG. <u>12-29-55</u>				REGISTRAR'S SIGNATURE <u>Hubert R. Double M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark Fun. Ho., Inc.</u>				ADDRESS <u>1125 Hodiament</u>							

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

---

**A 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 *Alfred J. Boefelken*.....  
Licensed Embalmer No. *266*.....

P. O. Address *11257 1/2*.....

**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.**