No. 300
10.48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6097

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 762

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN: Coldwater
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1110

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Joseph
c. (Last): Bair

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1956

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 20, 1895
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee
10b. KIND OF BUSINESS OR INDUSTRY: Stark Bros Nursery
11. BIRTHPLACE (City and State or Foreign Country): Assumption Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Bair
13b. MOTHER'S MAIDEN NAME: Alva DrMorsen
14. NAME OF HUSBAND OR WIFE: Frances L Brookman

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Rauschhalter

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): Benign Prostatic Hypertrophy — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

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.
Arteriosclerosis
Hypertension — Yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 610 X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17 1956, *to* Jan. 20, 1956, *that I last saw the deceased alive on* Jan. 20, 1956, *and that death occurred at* 1:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Vermillion, M.D. M. D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 1/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/56
24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill
24d. LOCATION (City, town, or county) (State): Belleville Ill

DATE REC'D BY LOCAL REG.: JAN 23 1956
REGISTRAR'S SIGNATURE: J Earl Smith MD MDB.
25. FUNERAL DIRECTOR'S SIGNATURE: Edgar A. Baldus
ADDRESS: Belleville Ill.

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar A. Baldus.

Licensed Embalmer No. 2846

P. O. Address Belleville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.