

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39755**  
Registrar's No. **10107**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of Poor</b>		e. STREET ADDRESS (If rural, give location) <b>2209 3225 N. Florissant Ave.</b>	
c. LENGTH OF STAY (in this place) <b>20-yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <b>Frank</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 4, 1956</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Arcadia, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Frank Rothenflue</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Unknown</b>	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sister Germaine, 3225 N. Florissant Ave.</b>		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic heart disease</b>		Antecedent Causes <b>Scenility</b>				<b>???</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Scenility</b>				<b>???</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <b>None</b>					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		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 <b>None</b>		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 **Jan**, 19**56**, to **Nov 4**, 19**56**, that I last saw the deceased alive on **Nov 2**, 19**56**, and that death occurred at **4 p.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Germaine H. Hotte (M)</b>		23b. ADDRESS <b>2435 N. Grand Blvd</b>		23c. DATE SIGNED <b>11-5-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 6, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>NOV 5 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		FURNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Nemelly</b>		ADDRESS <b>3810 Lindell Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....

Licensed Embalmer No. 469.....

P. O. Address 3840.....

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.