

Health, Welfare & Public Service
 300 0-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40239

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2422

| | | | | | | | |
|--|--|---|--|---|---|---|--|
| 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 | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester,</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>St. Louis,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u> | | Length of stay in lb <u>2yrs 7mo.</u> | | d. STREET ADDRESS (If outside, give location) <u>3735 Michigan Ave</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle Last <u>THALLER</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>19,</u> Year <u>1956</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept. 17, 1873</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 12yrs</u> | | 11. BIRTHPLACE (City and state or country) <u>Austria, Hungary (Nat.)</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Unknown Thaller</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</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>494-10-7626</u> | | 17. INFORMANT Address <u>Walter Thaller-3735 Michigan Ave</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>4221</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>July 15/56</u> to <u>Oct 19/56</u> and last saw her alive on <u>Oct 13/56</u> Death occurred at <u>11:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | (Deputy or title) <u>M D</u> | | 22b. ADDRESS <u>1726 1/2 Del Norte Highlands Dr.</u> | | 22c. DATE SIGNED <u>Oct 19/56</u> | |
| 23a. BURIAL SECTION <u>RESIDENTIAL</u> | | 23b. DATE <u>10-22-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser-4228 S. Kingshighway</u> | | | 25. DATE RECD. BY LOCAL REG. <u>10-20-56</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

10-2-1970

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.....
William B White

Licensed Embalmer No. *42*

P. O. Address *5228 So Kan*

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