FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7094

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Richmond Heights 4485 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester N. Home — Length of stay in 1b 6 mos.	d. STREET ADDRESS (If outside, give location) 7284 Bruno Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First HUGO	Middle H.	Last FRAHM	4. DATE OF DEATH Month Day Year January 24, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 3-8-1957	9. AGE (In years last birthday) 67 — 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) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Elevator Constr.	11. BIRTHPLACE (City and state or country) Chamois, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Frahm		14. MOTHER'S MAIDEN NAME Unknown Beu		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 489-01-6458	17. INFORMANT Herbert H. Frahm,	Address above	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver with possibility of cancer.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

INTERVAL BETWEEN ONSET AND DEATH: date - 6 days; dont know chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chronic alcoholism 5811

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-24-57, to Jan. 24, '57 and last saw ~~her~~ him alive on Jan. 24, 57 U.A.M.

Death occurred at 7:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter W. Laffey, D.O.	22b. ADDRESS Box 122 Manchester, Mo.	22c. DATE SIGNED 1/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-26-1957	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.	25. DATE RECD. BY LOCAL REG. 1-26-57	26. REGISTRAR'S SIGNATURE Herbert B Domke MD Dr.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature. 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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. J. Allen Davis

Licensed Embalmer No.....

P. O. Address.....

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.