

Health,
Welfare
Public
Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26522

STATE FILE NUMBER

6170

FILED JUL 31 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		Length of stay in 1b	20/9 STREET ADDRESS 3756 Louis Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle J. Last RYCHLINK			4. DATE OF DEATH Month July Day 1 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 17, 1917	9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman-City of St.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank J. Rychlink			14. MOTHER'S MAIDEN NAME Elvina Kleinschmidt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO.	17. INFORMANT Address Helen B. Rychlink 3756 Louis Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning when deceased was over engine while fighting a fire in the Mural Room, at 415 St. Louis Ave. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) while fighting a fire in the DUE TO (c) Mural Room, at 415 St. Louis Ave. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), or (c). Adv. on June 30th 1957 at approx 11:14 pm					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18.) E 916'6				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour 11:14 p. m. Month 6 Day 30 Year 1957	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 5				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Mo. STATE				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 200A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James M Kelly Deputy			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 2-57	26. REGISTRAR'S SIGNATURE J. Carl Smith MA		

(Licensed Embalmer's Statement on Reverse Side)

m&B.

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. *422*

P. O. Address *422*

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.