

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045670
STATE FILE NUMBER
11339
Registrar's No.

FILED DEC 22 1958

Registration District No. 318 Primary Registration District No. 1003

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 CHESTNUT		Length of stay in 1b 5 YRS	d. STREET ADDRESS (If outside, give location) 604 CHESTNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last AUGUST FRANK E			4. DATE OF DEATH Month Day Year 11-24-1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-14-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURING WORKER		10b. KIND OF BUSINESS OR INDUSTRY MFR. Co.	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 64 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) BELLEVILLE ILL.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOSEPH FRANK E		13b. MOTHER'S MAIDEN NAME MARY KNAPPE	14. NAME OF HUSBAND OR WIFE HATTIE GRIFFITH FRANK E
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mary Baumgarten BELLEVILLE ILL.
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism, following fracture of left arm. Time and manner of same DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) could not be determined. OPEN VERDICT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E 904.9			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unknown 48	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <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.) 28 unknown	
20f. CITY, TOWN, OR LOCATION 333		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 230 _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly (Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11-25-58			
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE 11-25-58	23c. NAME OF CEMETERY OR CREMATORY MOUNT CALVARY	23d. LOCATION (City, town, or county) (State) SHILOH ILLINOIS
24. FUNERAL DIRECTOR GEORGE M. RENNER		ADDRESS BELLEVILLE ILL.	25. DATE RECD. BY LOCAL REG. NOV 25 58
		26. REGISTRAR'S SIGNATURE Earl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 no embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George M. Fenner
Licensed Embalmer No. 5051
P. O. Address Belleville, Ill.

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.