

FILED MAR 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008020

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u> </u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koch, Missouri</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>Robert Koch Hosp.</u>		Length of stay in lb <u>200 days</u>	d. STREET ADDRESS <u>4137 Olive</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>FRANK</u> ^{First} <u>L.</u> ^{Middle} <u>WILLIAMS</u> ^{Last} <u>JR.</u>			4. DATE OF DEATH Month <u>March</u> Day <u>3rd</u> Year <u>1959</u>		
5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-30-11</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank William, Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Oma Patterson</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>488-14-1963</u>	17. INFORMANT <u>Koch Hospital records, Koch, Mo.</u> Address			
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>Liver cancer tuberculosis Pulmonary</u> <u>Carcinoma of left lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u> </u>
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>					
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>8-15-58</u> to <u>3-3-59</u> and last saw her/him alive on <u>3-3-59</u> Death occurred at <u>11:30</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. A. Davis</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Robt. Koch Hosp., Koch, Mo.</u>		22c. DATE SIGNED <u>3-3-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAITLAND CEMETERY</u>	23d. LOCATION (City, town, or county) <u>MAITLAND, Mo.</u>	(State)	
24. FUNERAL DIRECTOR <u>ALOERT H. Hoppe, 4700 WASHINGTON BLD</u>			25. DATE RECD. BY LOCAL REG. <u>3-4-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Melvin S. Kemp*

Licensed Embalmer No. 40

P. O. Address 4911 Wash

St Louis

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.