

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-045454**

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11544**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC - 2 1963**

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	DATE AMENDED
Rev. 4/59		
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2 <i>2/16</i>		
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4 <i>D</i>		
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6		
7 <i>D</i>		
8 <i>2</i>		
9		
10		
11		
12 <i>730</i>		
13		
<b>73</b>	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>89 yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3645 Dunnica Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>C.</b> Last <b>FRANK</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>19,</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/28/1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>carbonic gas</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Henry Frank</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Graichen</b>	
14. NAME OF HUSBAND OR WIFE <b>Julia Nachenhorst</b>		17. INFORMANT <b>Fred A. Frank, 3645a Dunnica Avenue</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) <b>Coronary Arteriosclerosis</b> <b>Heart disease with</b> <b>decompensation</b> DUE TO (b) <b>420.0</b> DUE TO (c) <b>420.0</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid Arthritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>several</b> <b>years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>St. Louis</b> COUNTY _____ STATE _____	
21. I attended the deceased from <b>Dec 26 - 1962</b> to <b>Nov. 19 - 1963</b> and last saw him alive on <b>Nov. 19 - 1963</b> Death occurred at <b>5:55 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. C. Winstone</b> (Degree or title)		22b. ADDRESS <b>3606 D'Amico</b>	
22c. DATE SIGNED <b>11/20/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>11/22/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC., 3620 Chippewa St.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 22 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

301 1- 558 10-21-58

~~11:30 to 2:30~~  
2-4

Dr. Weinsberg,  
So. Side Natl Bk Bldg

**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 \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address St Louis, Mo

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.