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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 24 1946 818

1003

Registrar's No.

10586

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5924a Page Boulevard.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (12)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5924a Page Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William B. Frable.

3. (b) If veteran, name war None  
3. (c) Social Security No. 486-20-1752

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Lillie Frable.  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 10, 1886.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 27 hr. min.

9. Birthplace Wichita, Kansas.  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter.

11. Industry or business \_\_\_\_\_

12. Name William J. Frable.

13. Birthplace Crabtree, Pennsylvania.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie E. McKowen.

15. Birthplace Westmorland Co. Pennsylvania.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Frable.

(b) Address 5924a Page Boulevard.

17. (a) Burial (b) Date thereof 12-10-1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (c) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) DEC 10 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 7th. day  
1946 year. hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1946 to Dec 6 1946;  
that I last saw him alive on Dec 6 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric ulcer (perforated)  
Duration 2 weeks

Due to Coronary embolus

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Thos W. Davis (M. D. or other)  
Address 2422 N. Grand Date signed 12/9/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Thomas W. Davis.  
2424 N. Grand Blvd.  
Hours 2.30 to 4 P.M.  
Telephone Franklin 4325

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ronald E. Yahrke*

Licensed Embalmer No. *3917*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.