

FILED JUL 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 21984

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1492

96
2
3

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) OR TOWN <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>9945 Lilac Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>Arthur</u> c. (Last) <u>HIGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 24, 1883</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Des Moines Ia.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>Jed A. High</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Honck</u>	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Charles Earl High</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Harold Boyer</u>		ADDRESS <u>4260 Lamar Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Miliary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES <u>involving lung + adrenal</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>320</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>hemorrhage in Lt lung.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-16, 1949</u> to <u>6-19, 1949</u> , that I last saw the deceased alive on <u>6-19, 1949</u> and that death occurred at <u>11:55 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Wm. Jones</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>101 Breckwood</u>	
23c. DATE SIGNED <u>6-18</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belle Fontaine Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>6-20-49</u>	REGISTRAR'S SIGNATURE <u>David L. Jung</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roll-Campbell Mortuary</u> ADDRESS <u>4215 Lindell</u>	

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
Student Embalmer

Signed Rex B. Campbell

Licensed Embalmer No. 3881

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