

42475

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

#98052

16690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>600</u> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>   |   | c. LENGTH OF STAY (in this place) _____                               | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>   |   | d. STREET ADDRESS (If rural, give location) <u>1006 Hickory</u>                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>   |   |   | d. STREET ADDRESS (If rural, give location) <u>9</u>  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>HERTIS</u><br>b. (Middle) <u>FRENSLEY</u><br>c. (Last) <u>FRENSLEY</u>  |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec. 12th, 1949</u>  |   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 13, 1911</u>   | 9. AGE (In years last birthday) <u>38</u>                             | IF UNDER 1 YEAR Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>                         | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13a. FATHER'S NAME <u>Herbert Frensley</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Boulah Lowery</u>                        |   | 14. NAME OF HUSBAND OR WIFE <u>May Frensley</u>                       |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>  |   | 16. SOCIAL SECURITY NO. <u>Unk.</u>                                   | 17. INFORMANT'S SIGNATURE OR NAME <u>May Frensley</u> ADDRESS <u>1515 So 11 St.</u>   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |   |   | MEDICAL CERTIFICATION   |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinomatosis</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>  |   |   |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Adenocarcinoma sigmoid Colon</u>  |   |   | <u>18 month</u>   |   |   |
| DUE TO (c) _____  |   |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.     |   |   |
| 19a. DATE OF OPERATION <u>Sept 1947</u>   | 19b. MAJOR FINDINGS OF OPERATION <u>all major abdominal lymph nodes involved - cancer</u> |   |   |   | 20. AUTOPSY?<br>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) <u>46</u>             |   | 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? <u>153X</u>  |   |   |   |   |
| 22. I hereby certify that I attended the deceased from <u>10/10/49</u> , 19____, to <u>12/12/49</u> , 19____, that I last saw the deceased alive on <u>12/12/49</u> , 19____, and that death occurred at <u>9:15am.</u> , from the causes and on the date stated above. |   |   |   |   |   |
| 23a. SIGNATURE <u>Cameffee M. J.</u> (Degree or title)  |   |   | 23b. ADDRESS <u>1515 Lafayette Ave.</u>   |   | 23c. DATE SIGNED <u>12/12/49</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 24b. DATE <u>12-12-49</u>   | 24c. NAME OF CEMETERY OR CREMATORY                                    |   | 24d. LOCATION (City, town, or county) (State) <u>Paris, Tennessee</u> |   |
| DATE REC'D BY LOCAL REG. <u>DEC 12 1949</u>   | REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>  |   |   |

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

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Wilkinan

Licensed Embalmer No. 3575

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.