

FILED SEP 15 1950

## STANDARD CERTIFICATE OF DEATH

28713  
State File No.7544  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		7003		7003						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE: <b>Illinois</b> b. COUNTY <b>Alexander</b>										
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <b>Elco</b>			8120					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>										
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>			b. (Middle) _____			c. (Last) <b>Storie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 2, 1950</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 8, 1905</b>		9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		11. BIRTHPLACE (State or foreign country) <b>Union City, Tenn.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					
13a. FATHER'S NAME <b>R.A. Storie</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Cecil Storie</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. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harley Jordan, 2046 So. 4th, Springfield, Ill.</b>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)											MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>														
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.											ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											DUE TO (b) <b>Empyema of gallbladder.</b>			
											DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.														
19a. DATE OF OPERATION <b>9-1-50</b>			19b. MAJOR FINDINGS OF OPERATION <b>Empyema of gallbladder. Sub-acute appendicitis.</b>									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>585 X</b>								
22. I hereby certify that I attended the deceased from <b>Aug 29, 19 50</b> to <b>9-2-</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-2-</b> , 19 <b>50</b> , and that death occurred at <b>11:15p</b> m., from the causes and on the date stated above.														
23a. SIGNATURE <b>Frank Storie</b> (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>4930 Lindell Blvd. Saint Louis, Mo.</b>			23c. DATE SIGNED <b>9-5-50</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			24b. DATE <b>9-3-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Elco, Ill.</b>						
DATE REC'D BY LOCAL REG. <b>SEP 5 1950</b>			REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd.</b> ADDRESS _____								

(Licensed Embalmer's Statement on Reverse Side)

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

X NON-CALCULATED

MAR 14 1952

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

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.