

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

117184

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> d. STREET ADDRESS (If rural, give location) <u>1432 N. PARK PLACE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>GAAL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 3rd, 1950</u>		
5. SEX <u>U</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>OCT. 30, 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOULDER</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>BUCK STOVE CO</u>	11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>FRANK GAAL</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CACELIA GAAL</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>487-26-0508</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CACELIA GAAL 1432 N. PARK PLACE</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cor Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anthrax Silicosis</u> 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 _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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? <u>5221</u>	
22. I hereby certify that I attended the deceased from <u>12/1/50</u> , 19 <u>50</u> , to <u>12/3/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/3/50</u> , 19 <u>50</u> , and that death occurred at <u>4:25pm</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. F. Thiel M.D.</u>			23b. ADDRESS <u>1515 Lafayette Ave.,</u>		23c. DATE SIGNED <u>12/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 5 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasator</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUEDMEYER &amp; SONS 3934 N. 20 ST.</u>			

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

81

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 Nevelle B. Frohert

Signed.....  
Student Embalmer

Licensed Embalmer No. 3896

P. O. Address 3934 N. 20 St.

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.