

# STANDARD CERTIFICATE OF DEATH

42411

State File No. ....

#117881

FILED JAN 13 1951

11273

Registrar's No. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4031 Labadie	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) INTEMANN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) December 31, 1950			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Feb. 14, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank H. Intemann, Sr.,		13b. MOTHER'S MAIDEN NAME Anna M. Kurtzborn		14. NAME OF HUSBAND OR WIFE .....	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Miss Marie Intemann, 4031 Labadie	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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) (Min.) 12/31/50 4:35 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>330X</i>

22. I hereby certify that I attended the deceased from 12/24/50, 1950, to 12/31/50, 1950, that I last saw the deceased alive on 12/31/50, 1950, and that death occurred at 4:35 pm, from the causes and on the date stated above.

23a. SIGNATURE <i>John R. Beem, M.D.</i> (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/1/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 1/4/51	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. JAN 2 1951	REGISTRAR'S SIGNATURE <i>J. B. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4228 Nat'l Bridge Blvd.
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*2/2/75*

**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 *Ralph C Linders*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4275*

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.