S. No. 300
10-48

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10941

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 819

4003

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 369 S. Fillmore Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 69 Kirkwood 4693
d. STREET ADDRESS (If rural, give location): 369 S. Fillmore Ave

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Stanard

4. DATE OF DEATH (Month) (Day) (Year): Mar. 27 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widorer
8. DATE OF BIRTH: June 9 1861
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months: 9 Days: 17 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Grover Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ?
13b. MOTHER'S MAIDEN NAME: Margaret Stanard
14. NAME OF HUSBAND OR WIFE: Elizabeth, Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Simon Ratliff ADDRESS: 324 Attuck

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown 422.2
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pneumonitis, viral, bronchial — 3 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 March, 1951, to 27 March, 1951, that I last saw the deceased alive on 27 March, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE: J. H. Barnett M.D. (Degree or title)
23b. ADDRESS: 243 W Jefferson, Kirkwood, Mo.
23c. DATE SIGNED: 3-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1951
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 3/29/51
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. FK
25. FUNERAL DIRECTOR'S SIGNATURE: John W. Hinchliffe ADDRESS: 408 S. Fillmore Ave Kirkwood Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1951

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 .....

Signed ..... Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 408 S. Fillmore

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.