

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29048

State File No.

FILED AUG 23 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2883

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston, Missouri		c. LENGTH OF STAY (In this place) 25 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6329 Wellsmar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4301	
		d. STREET ADDRESS (If rural, give location) 6329 Wellsmar 0	

3. NAME OF DECEASED (Type or Print)
a. (First) **Lillian** b. (Middle) **Depka** c. (Last) **Frank**

4. DATE OF DEATH (Month) (Day) (Year)
August 10, 1951

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Mar 6, 1888** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

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

13a. FATHER'S NAME **L. Janseen** 13b. MOTHER'S MAIDEN NAME **Ide Unknown** 14. NAME OF HUSBAND OR WIFE **Alexander Frank**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No Nil** 16. SOCIAL SECURITY NO. **499-26-1007** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Alexander Frank-6329 Wellsmar**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatous due to Ca of Colon.** INTERVAL BETWEEN ONSET AND DEATH **6 months**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES (b) **153X**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS (c)
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 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) (Min.) _____ 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 2-1-, 1951, to 8-10-, 1951, that I last saw the deceased alive on 8-5-, 1951, and that death occurred at 11:10P., from the causes and on the date stated above.

23a. SIGNATURE **Carl J. Reid M.D.** (Describe or title) 23b. ADDRESS **Numboldt Bldg.** 23c. DATE SIGNED **8-11-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **Aug 13, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Chapel** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri.**

DATE REC'D BY LOCAL REG. **8-12-51** REGISTRAR'S SIGNATURE **Herbert R. Donike M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Shepard Funeral Home, 1167 Hamilton Ave.**

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis 21 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.