

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44146**  
**11124**  
Registrar's No.

FILED FEB 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 4</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bernard Nursing Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood 4534</b>	
		d. STREET ADDRESS (If rural, give location) <b>7126 South St. 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) c. (Last) <b>David Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/13/51</b>		
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	
8. DATE OF BIRTH <b>Nov. 30, 1879</b>		9. AGE (In years last birthday) <b>72</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (State or foreign country) <b>Hungary 8</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Teresa</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>----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank A. David Jr. - 3706 Bates</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>Tumor cachexia</b>		ANTECEDENT CAUSES <b>Carcinoma of Rectum</b>		<b>4 mo</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.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Rectum</b>		<b>4 years</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>10/8/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Rectum</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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>154X</b>	

22. I hereby certify that I attended the deceased from **OCT 19 49**, to **Dec 13, 19 51**, that I last saw the deceased alive on **Dec 12, 19 51**, and that death occurred at **10:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Gruenfelder</b> (Degree or title) <b>MAN</b>		23b. ADDRESS <b>700 Olive</b>		23c. DATE SIGNED <b>12/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>		24b. DATE <b>12/17/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Missouri</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 17 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Heldert 3634 Gravois</b>			

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.....

*Frank J. O'Leary, Sr.*  
Licensed Embalmer No. *2675*  
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.