

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30386**

State File No. \_\_\_\_\_

No. 300  
10-48

**AUG 23 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST., NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2128

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>	a. STATE <u>Missouri</u>	b. COUNTY _____
c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3169 Ivanhoe</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Marie</u>	b. (Middle) _____	c. (Last) <u>Frahm</u>	(Month) <u>8</u>	(Day) <u>9</u>	(Year) <u>52</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 22, 1871</u>		
<b>9. AGE</b> (In years last birthday) <u>80</u>		<b>10a. USUAL OCCUPATION</b> (The kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Mascoutah, Illinois</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>William Puschner</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marie Fey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Louis H.</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Milton A. Frahm--5826 Walsh</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u> <u>15 yrs -</u> <u>20 yrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral vascular hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Hypertension</u> DUE TO (c) <u>Gen. Arteriosclerosis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>33IX</u>	

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 18 July, 1952, to 9 Aug, 1952, that I last saw the deceased alive on 9 Aug, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Richard H. Kay M.D.</u>	<b>23b. ADDRESS</b> <u>1530 Southwest Ave</u>	<b>23c. DATE SIGNED</b> <u>11 Aug 52</u>
--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> _____	<b>24b. DATE</b> <u>8/13/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City of Mascoutah Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mascoutah, Illinois</u>
--	---------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>8-11-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Nerbert R. Donahue</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wacker-Helderk</u>	<b>ADDRESS</b> <u>3634 Gravois</u>
--	--	---	------------------------------------

S 21 (Increased Embellisher's Statement on Reverse Side)

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

000  
4

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Stoughton

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.

2-10-26. 93