

STANDARD CERTIFICATE OF DEATH

State File No. 2936

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1053	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 41-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2177	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4164 Lafayette Ave.				d. STREET ADDRESS (If rural, give location) 4164 Lafayette Ave.			
3. NAME OF DECEASED (Type or Print) Frank		a. (First) b. (Middle) R. c. (Last) Carty		4. DATE OF DEATH Jan. 28, 1953		(Month) (Day) (Year)	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH July 9, 1881		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Carty		13b. MOTHER'S MAIDEN NAME Louisa Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Amelia M. Carty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish-American Not Known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amelia M. Carty, 4164 Lafayette			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial, Influenzal, Acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenzal, Acute DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 480x			
22. I hereby certify that I attended the deceased from 1/26, 1953, to 1/28, 1953, that I last saw the deceased alive on Jan. 28, 1953, and that death occurred at 12:15 p.m. from the causes and on the date stated above.							
23a. SIGNATURE Louis J. Birnbaum (Degree or title) M.D.				23b. ADDRESS 634 N. Grand, St. Louis 3, Mo.		23c. DATE SIGNED 1/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 29 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		FURNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

634 No. Grand Blvd.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm S. Safford

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.