

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4210
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 596 Registrar's No. 0302

FILED JAN 30 1953

1. PLACE OF DEATH a. CITY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann's	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3655 Ashby Rd.		d. STREET ADDRESS (If rural, give location) 3655 Ashby Rd. 4070	
3. NAME OF DECEASED (Type or Print) a. (First) Forrest b. (Middle) F. c. (Last) Frank Sr.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Oct. 27, 1895
9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) Fulton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Charles Frank		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Leola		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Forrest F. Frank, 3655 Ashby Rd.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Carcinoma of Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2151X		INTERVAL BETWEEN ONSET AND DEATH 3 months 3 years	
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 December 27, 1952 , to January 26, 1953 , that I last saw the deceased alive on January 25, 1953 , and that death occurred at 6:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul B. Vatter MO 0		23b. ADDRESS (14) 10300 S. Charles Rd.	
23c. DATE SIGNED 1-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-26-53	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Fulton, Mo.	
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE H. H. Hoppe	
FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

Robert M. Murray

Licensed Embalmer No. *3749*

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.