

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15977**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4248**

FILED MAY 14 1953

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4622 Newport Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
d. STREET ADDRESS (If rural, give location) 15 4622 Newport Ave.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Frank (Type or Print)		b. (Middle) Joseph	
c. (Last) Macke		4. DATE OF DEATH (Month) (Day) (Year) April 22, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 3, 1898
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR 4	11. IF UNDER 1 MIN. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy	
11. BIRTHPLACE (City and State or Foreign Country) Leopold, Mo. m		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore H. Macke		13b. MOTHER'S MAIDEN NAME Henrietta Vandemerden	
14. NAME OF HUSBAND OR WIFE Lora M. Macke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 492-07-9281		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lora Macke 4622 Newport Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary insufficiency ANTECEDENT CAUSES to acute occlusion - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarct 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. ?	
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 4201	
22. I hereby certify that I attended the deceased from 4-22 1953 , to 4-22 1953 , that I last saw the deceased alive on 4-22 1953 , and that death occurred at 7:45 A m., from the causes and on the date stated above.			
23a. SIGNATURE Eugene H. Edelle M.D.		23b. ADDRESS 4971 Chippewa St.	
23c. DATE SIGNED 4-22-53		24. LOCATION (City, town, or county) (State) Highland Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-25-53	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
24d. DATE REC'D BY LOCAL REG. APR 24 1953		24e. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois 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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.