

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30596

State File No.

BIRTH NO. FILED AUG 25 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2257

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>No known address</u>	
b. CITY (If outside corporate limits, write BURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>---</u>	
c. LENGTH OF STAY (In this place) <u>DOA</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>---</u> c. (Last) <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>
11. BIRTHPLACE (State or foreign country) <u>9</u>			12. CITIZEN OF WHAT COUNTRY? <u>---</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Coroner</u> ADDRESS <u>---</u>

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) <u>Multiple fractures, amputations and destruction of his skull, while he was lying between the rails on the Wabash R.R. right of way 1/2 mi. so. of Nat'l. Bridge Rd., and was run over by Wabash Tr. 12 about 10:45 P. M., Aug. 5, 1953. He died instantly and the remains were brought to St. Louis County Morgue.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8:00</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			
19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wabash R.R. tracks</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400 St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-5-1953 10:45 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt Impact</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Hillman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Missouri</u>	23c. DATE SIGNED <u>8-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ANATOMICAL BOARD</u>	24b. DATE <u>8-12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Mo</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>None Rowland</u> ADDRESS <u>---</u>	
DATE REC'D BY LOCAL REG. <u>8-18-53</u>	REGISTRAR'S SIGNATURE <u>Robert R. Danks - M.D.</u>	

*Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING 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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: --The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

not embalmed