FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40464

BIRTH NO. 81840 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10492

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. louis
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St. Louis~~ PINE LAWN #61
d. STREET ADDRESS (If rural, give location): 6115 Grimshaw Pl.

3. NAME OF DECEASED (Type or Print): a. (First) Stanley b. (Middle) Daniel c. (Last) Fronckewicz JR.
4. DATE OF DEATH (Month) (Day) (Year): Nov. 3 - 1953
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Nov. 1 - 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: — Days: 2 IF UNDER 24 HRS. Hours: 13 Min.: 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): St. louis Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Stanley Daniel Fronckewicz SR
13b. MOTHER'S MAIDEN NAME: Donna Bennett
14. NAME OF HUSBAND OR WIFE: —
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Stanley D. Fronckewicz ADDRESS: 6115 Grimshaw

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inability to take food — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Starvation
DUE TO (c) Bilateral Hair lip & Cleft palate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Patent Foramen ovale

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] 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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 755X

22. *I hereby certify that I attended the deceased from* 11-1, 1953, *to* 11-3, 1953, *that I last saw the deceased alive on* 11-3, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene L. Arnold (Degree or title) MD.
23b. ADDRESS: 8700 Partridge
23c. DATE SIGNED: 11/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Nov-5-1953
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG. NOV 5 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: L. A. Tanner ADDRESS: 6107 Natural Bridge
(Licensed Embalmer's Statement on Reverse Side)

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.

N.O.T. Embalmed

Student .....
Student Embalmer

Signed Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

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

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