

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44208

FILED DEC 16 1953

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State File No. 44208
Registrar's No. 11542

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>University City,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>7431 Kingsbury</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAURICE</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>FRANKENTHAL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 5, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1878</u> <u>Aug-25-1878</u>	9. AGE (In years last birthday) <u>75</u> Months <u>3</u> Days <u>10</u>	10. IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Frankenthal</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Mannheim</u>		14. NAME OF HUSBAND OR WIFE <u>Irma Frankenthal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irma Frankenthal 7431 Kingsbury</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		Sev. yrs.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153X</u>		
22. I hereby certify that I attended the deceased from <u>Nov. 9</u> , 19 <u>53</u> , to <u>Dec. 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 5</u> , 19 <u>53</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>FR Bradley</u> <u>M. D.</u>			23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>12-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Dec-7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 7 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN RINDSKOPF INC 5216 Delmar</u>	

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

Causality
not
relevant

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
Signature of Student Embalmer

Signed *John Ketter*
Licensed Embalmer No. *3880*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

44208/3

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 11542

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for Maurice Albert Frankenthal, died 12-5-1953, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Aug. 25-1878

Instead of _____ Aug. 25 1877

Item No. 9 should read Age 75

Instead of _____ 76

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman Pindskopf

Fun. Dir.
Relationship.

5216 Delmar

Present Address.

Subscribed and sworn to before me this 28 day of Dec 1953

My Commission expires 3-4-57 _____ Notary Public.

Affidavits containing fractures will not be accepted; draw one line through error and write above it.

