

FILED JAN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 41501

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

500
4

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5394		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC		c. LENGTH OF STAY (In this place) 10 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hill Infirmary				d. STREET ADDRESS (If rural, give location) 1031 FOREST AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) B. M. M. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12 21 1954				
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 22 1886		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR	IF UNDER 1 MRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY SALESMAN		11. BIRTHPLACE (State or foreign country) WELGERDORF, AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL BUMM			13b. MOTHER'S MAIDEN NAME ROSE SOMOGYI		14. NAME OF HUSBAND OR WIFE THERESIA LAGLER		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Bro. Roch - St. Josephs Hill 6UREKA, MO.			
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) CEREBRAL THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OLD RIGHT HEMIPLEGIA DUE TO (c) CARDIAC INSUFFICIENCY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 12/10, 1954, to 12/20, 1954, that I last saw the deceased alive on 12/20, 1954, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. S. Mosder, M.D.				23b. ADDRESS 4323 ROXAND DR. 21, MO		23c. DATE SIGNED 12/21/54	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial		24b. DATE 12/24/54	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis MO		
DATE REC'D BY LOCAL REG. Jan 1-55		REGISTRAR'S SIGNATURE Ruth J. J. 434		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Piederweden Funeral Home 3620 Chippewa St. St. Louis, Mo.			

Per John Belmonte (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 4 1955

JAN 11 1955

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 _____

working under my personal supervision.

Student Embalmer No. None

Signed None
Student Embalmer

Signed Delix J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.