

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38170

FILED NOV 18 1955

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State File No.

Registrar's No.

9774

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5113 VERMONT</i>				e. STREET ADDRESS (If rural, give location) <i>15 5113 VERMONT</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>FRANK</i>		b. (Middle) <i>W.</i>		c. (Last) <i>DOLLAR</i>	
4. DATE OF DEATH		(Month) <i>Nov.</i>		(Day) <i>5</i>		(Year) <i>1955</i>	
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>JULY 25 1879</i>	
9. AGE (In years last birthday) <i>80</i>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STOCK ROOM</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MOLONCY ELEC.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>ST. LOUIS MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>	
13a. FATHER'S NAME <i>WILLIAM DOLLAR</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA POLIVKA</i>		14. NAME OF HUSBAND OR WIFE <i>ANNA DOLLAR</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>489-10-3485</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>ANNA DOLLAR 5113 VERMONT</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>3 mo</i>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic Heart Disease</i>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>					
		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 <i>420.0</i>				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)		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 August 9, 1955, to November 5, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>B. J. McQuinn MD</i>				23b. ADDRESS <i>16 Hampton Kings Plaza</i>		23c. DATE SIGNED <i>11/8/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>Nov. 9 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MT. HOPE CEM.</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>	
DATE REC'D BY LOCAL REG. <i>NOV 8 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kuter</i>		ADDRESS <i>2906 Marois</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Samuel C. Dill

Licensed Embalmer No. 434.....

P. O. Address 2706.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.