

FILED FEB 25 1957

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. .... 941			
1. PLACE OF DEATH a. COUNTY .....				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE .....				b. COUNTY .....	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 yrs. 4		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hosp. 2237				e. STREET ADDRESS (If rural, give location) 2755 Allen					
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Alyea		c. (Last) .....			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH July 28, 1867		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Matt Alyea			13b. MOTHER'S MAIDEN NAME Mary ?			14. NAME OF HUSBAND OR WIFE unk.			
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 ADDRESS Roy Alyea 2755 Allen Ave.				
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) Cerebral Arteriosclerosis DUE TO (c) .....						INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION 332x						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 9-13-54, 19___, to 1-28-57, 19___, that I last saw the deceased alive on 1-28-57, 19___, and that death occurred at 4:25 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John Niederwimer, M.D.				23b. ADDRESS 5800 Arsenal St.			23c. DATE SIGNED 1-29-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (RAIL)		24b. DATE 1-29-1957		24c. NAME OF CEMETERY OR CREMATORY PIERCE CITY, MO.		24d. LOCATION (City, town, or county) (State) .....			
DATE REC'D BY LOCAL REG. JAN 29 '57		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO KRIEGSHAUSER 4228 S. KINGSHIGHWAY				

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

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**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..... *Richard W. Stoverson* .....

Licensed Embalmer No. *460* .....

P. O. Address .....

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.