

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26948**BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **590** Registrar's No. **1539**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Marion				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pagedale		c. LENGTH OF STAY (in this place) 2 wks.		c. CITY OR TOWN Alma		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 1544 Salerno Drive				e. STREET ADDRESS (If rural, give location) Alma, Illinois 81208				
3. NAME OF DECEASED (Type or Print) a. (First) FRANK. b. (Middle) B. c. (Last) DAY			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH about 1888		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Alma, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Day			13b. MOTHER'S MAIDEN NAME Jackson			14. NAME OF HUSBAND OR WIFE Grace		
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. Not Available		17. INFORMANT'S SIGNATURE OR NAME Mr. E. Williams ADDRESS _____				
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 Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 4 Days	
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x					20. AUTOPSY? 2 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 6/12, 1957 , to 6/15/57 , 19____, that I last saw the deceased alive on 6/15 , 19____, and that death occurred at 11:00 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. M. W. Miller				23b. ADDRESS 6850 Page		23c. DATE SIGNED 6/16/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-17-57		24c. NAME OF CEMETERY OR CREMATORY Alma Cemetery		24d. LOCATION (City, town, or county) (State) Alma, Illinois		
DATE REC'D BY LOCAL REG. 12 Jun 57		REGISTRAR'S SIGNATURE Richard B. Frank M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John J. Kelly		ADDRESS E. St. Louis, Ill.		

(Licensed Embalmer's Statement on Reverse Side)

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

1101 North 9th St Karsly Funeral Home
East St. Louis

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed *John G. Karsly*

Licensed Embalmer No. *685*

P. O. Address *E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.