Health, Welfare Public Service

300 1-57

0

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-023293
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6327

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: ST. LOUIS Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LUTHERAN Hosp. — Length of stay in 1b: 15 23

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2418 a S. 13th — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First JOHANNA Middle Last FRAHM

**4. DATE OF DEATH** Month June Day 20 Year 1958

**5. SEX**: Female

**6. COLOR OR RACE**: WHITE

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ /

**8. DATE OF BIRTH**: DEC. 13 1889

**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: At Home

**11. BIRTHPLACE** (City and state or country): Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: JOHN WEBER

**13b. MOTHER'S MAIDEN NAME**: MARGARET KRUSE

**14. NAME OF HUSBAND ~~OR WIFE~~**: ELMER FRAHM

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**: ELMER FRAHM — Address: 2418 a S. 13th

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemiplegia due to cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 19 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331x

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☑ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 6/18 6/20 to 6/20 and last saw her/him alive on 6/19
Death occurred at 1:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Ralph Berg MD

**22b. ADDRESS**: 3203 S Grand

**22c. DATE SIGNED**: 6/21/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL

**23b. DATE**: June 23 1958

**23c. NAME OF CEMETERY OR CREMATORY**: SUNSET BURIAL

**23d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo

**24. FUNERAL DIRECTOR**: Thomas Lutes — ADDRESS: 2906 Gravois

**25. DATE RECD. BY LOCAL REG.**: JUN 23 '58

**26. REGISTRAR'S SIGNATURE**: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

PA 3-7857

III 2° - 330

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. 4347

P. O. Address 2906 Sta

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.