

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026948
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6112

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City 4346</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>7337 Lindell blvd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBERT FRANKEL</u>			4. DATE OF DEATH Month Day Year <u>June 15, 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 8, 1884</u>		9. AGE (In years at birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Designer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing</u>	11. BIRTHPLACE (City and state or country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>(unk) Frankel</u>		13b. MOTHER'S MAIDEN NAME <u>(unk)</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Frankel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-03-4596</u>		17. INFORMANT <u>Anna Frankel</u> Address <u>7337 Lindell Blvd</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Aortic Aneurysm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Anesthesia</u> DUE TO (c) <u>022X</u>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>While undergoing operation at</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>6 15 AM Jan 15 1958</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>12th St</u>		
20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Mo</u>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>200 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Patrick E. Taylor</u> (Name or title) <u>Patrick E. Taylor</u>			22b. ADDRESS <u>1306 Clark</u>		22c. DATE SIGNED <u>6/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>6/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>JUN 16 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>

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 Lawrence J. Deane

Licensed Embalmer No. 3989

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.