

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027008

FILED JUL 24 1958

318

1003

State File No. 7051

Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital

e. STREET ADDRESS (If rural, give location) 2249 3700 S. Main St.

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Grossteiner

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1958

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unk.

8. DATE OF BIRTH 1880

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Germany 4

12. CITIZEN OF WHAT COUNTRY? Unknown

13a. FATHER'S NAME unk.

13b. MOTHER'S MAIDEN NAME unk.

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE AND NAME ADDRESS Hospital Records 5600 Arsenal St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteriorly Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH 2 mo.

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Generalized Arteriosclerosis 420.0

2 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1958, to July 11, 1958, that I last saw the deceased alive on July 11, 1958, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 7/12/58

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation

24b. DATE 7-17-58

24c. NAME OF CEMETERY OR CREMATORY City Crematory

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 16 58

REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Frank O'Donnell 5600 Arsenal St.

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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

NOT EMBALMED CREMATED BY CITY.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.