

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027070

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7312

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY --				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hospital		Length of stay in lb 7 1/2 Mos. 2049		d. STREET ADDRESS 1543 Gregg		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Frank Martin Hunsdorfer				4. DATE OF DEATH Month Day Year July 23, 1958				
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 13, 1898		9. AGE (In years last birthday) 60	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) Orthopedic brace maker			10b. KIND OF BUSINESS OR INDUSTRY self-employed		11. BIRTHPLACE (City and state or county) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank Hunsdorfer			13b. MOTHER'S MAIDEN NAME Barbara Bender			14. NAME OF HUSBAND OR WIFE Clara Hunsdorfer		
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. 499-34-1394		17. INFORMANT Address Clara Hunsdorfer, above			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis base of brain							INTERVAL BETWEEN ONSET AND DEATH 3 days ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Direct extension of carcinoma to base of skull including foramen magnum.			2 mos.		
			DUE TO (c) Primary carcinoma of larynx and involving pharynx			1 yr.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition of (a) in PART I (a) Bronchopneumonia 161X							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 July 16, 1958 to July 23, 1958 and last saw him alive on July 23, 1958 Death occurred at 10:45 A.M. July 23, 1958 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. S. Shewin (Degree or title) 0 M.D.				22b. ADDRESS 3720 Washington Blvd. St. Louis, Mo.			22c. DATE SIGNED 7-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-26-58	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. JUL 25 '58		26. REGISTRAR'S SIGNATURE J. C. Smith MO		

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

3730 Washington
Office Mr. Hoptis
St. Louis 8-36714
H. B. G. L.

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 *Dallen Davis*
Licensed Embalmer No. *4453*
P. O. Address *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.