

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027564
State File No.

FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7207

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>City</u>		c. LENGTH OF STAY (In this place) <u>1yr-1mo-14days</u>	c. CITY OR TOWN <u>City of St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>26 St. Louis Chronic Hospital</u>		e. STREET ADDRESS <u>5800 Arsenal St.</u>	(If rural, give location)
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First)	b. (Middle)
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>
8. DATE OF BIRTH <u>October 29, 1882</u>		9. AGE (In years last birthday) <u>75</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hotel Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Wheat</u>	13b. MOTHER'S MAIDEN NAME <u>Emma McCormack</u>
14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Edna Wheat, 625 Geoffrey Lane</u>		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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Rt. Middle Cerebral art. Thrombosis</u>		<u>1 week</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>1 yr.</u>
		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerotic Heart Disease</u>		<u>1 yr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 June 4, 1957, to July 19, 1958, that I last saw the deceased alive on July 19, 1958, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u>		23b. ADDRESS <u>5800 Arsenal</u>		23c. DATE SIGNED <u>7/19/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-21-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>III 22'58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington, Blvd.</u>		

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

Student.....
Signature of Student Embalmer

Signed *M. Edwin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4911 Washington*
St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.