

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027805

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2015

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sappington | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Sappington 4000 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10822 Kalinda Lane | | Length of stay in lb 1 yr. | d. STREET ADDRESS (If outside, give location) 10822 Kalinda Lane |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Fred Middle K Last Frank | | | 4. DATE OF DEATH Month July Day 30 Year 1958 | | |
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| 5. SEX male | 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 Aug 18, 1888 | 9. AGE (In years at birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager | 10b. KIND OF BUSINESS OR INDUSTRY Western Blow Pipe | 11. BIRTHPLACE (City and state or country) Germany 4 | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Martin Frank | 13b. MOTHER'S MAIDEN NAME Sophie Heilman | 14. NAME OF HUSBAND OR WIFE Bertha |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. UNK | 17. INFORMANT Address Bertha Frank 10822 Kalinda Lane |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| DUE TO (b) AS CV Disease | | |
| DUE TO (c) 4201 | | Uncertain |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> none | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4201 | 20f. CITY, TOWN, OR LOCATION Clayton | COUNTY St. Louis | STATE Mo. |
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| 21. I attended the deceased from Death occurred at July 18, 1958 to July 30, 1958 and last saw him alive on July 25, 1958 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) H. Oppenheimer, M.D. | 22b. ADDRESS 35 N. Central Ave., Clayton | 22c. DATE SIGNED July 31, 1958 |
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| 23a. BURIAL, CREMATION, or REMOVAL (Specify) burial | 23b. DATE 8/2/1958 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 23d. LOCATION (City, town, county, state) Affton, Mo. |
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| 24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois | ADDRESS | 25. DATE RECD. BY LOCAL REG. 7-31-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

no symptoms were noted.

