0.300
0.48

FILED JAN 26 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 59-003965

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 210

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Times Beach
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home, 2 Aspen Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St Louis
c. CITY OR TOWN: Times Beach 4000
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2 Aspen Drive

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) H c. (Last) Gores Jr.
4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1959
5. SEX: m
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Jan 10, 1888
9. AGE (In years last birthday): 71 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): sheet metal worker
10b. KIND OF BUSINESS OR INDUSTRY: Hussman Refr.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: not known
13b. MOTHER'S MAIDEN NAME: Antonette Gores
14. NAME OF HUSBAND OR WIFE: Marie Gores.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 499-05-3115
17. INFORMANT'S SIGNATURE OR NAME: Marie Gores, Times Beach Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) anoxia and/or Hypoxia — 12 hours
DUE TO (c) Congestive Heart Failure — 2 Weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthma, Bronchial Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4341
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* 1-12, 1959, *to* 1-21, 1959, *that I last saw the deceased alive on* 1-20, 1959, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Stinson D.O.
23b. ADDRESS: Eureka Mo.
23c. DATE SIGNED: 1-22-59

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Jan 23 '59
24c. NAME OF CEMETERY OR CREMATORY: Mt. Saint Hope Cem.
24d. LOCATION (City, town, or county) (State): St Louis County Mo.

DATE REC'D BY LOCAL REG.: 1-22-59
REGISTRAR'S SIGNATURE: John C. Murphy M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. John L. Thiebes ADDRESS: Pacific Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Ernst L. Oltmann.....

Licensed Embalmer No....405

P. O. Address Union, M

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