

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019937
STATE-FILE NUMBER

FILED JUN 2 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1337

300
1-57
7
794
0

1. PLACE OF DEATH a. COUNTY St. Louis		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) Brentwood		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Gould-Worth Nursing Home		d. STREET ADDRESS (If outside, give location) 3654a. Botanical Ave	
3. NAME OF DECEASED (Type or print) First Charlotte Middle NMN Last Frank		4. DATE OF DEATH Month May Day 14 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (Retired)		9b. KIND OF BUSINESS OR INDUSTRY St. L. P. S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (Retired)		10b. KIND OF BUSINESS OR INDUSTRY St. L. P. S	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Frank		13b. MOTHER'S MAIDEN NAME Wilhelmina Schmitt	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Charlotte W. Niedner 419 Carswold Dr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331+			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <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 Aug 1, 1958 to 5/13/59 and last saw him alive on 5/13/59 Death occurred at 2200 Washington on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Kirkwood 21. 9700	
22c. DATE SIGNED 5/15/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 5/15/59		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23d. LOCATION (City, town, or county) St. Louis Co, Missouri		23e. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blv		25. DATE RECD. BY LOCAL REG. 5-15-59	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr.C.H.Leslie

209 So.Kirkwood Blvd

Ta.2-1526

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 *J. S. McCallister*

Licensed Embalmer No. *2960*

P. O. Address *61700 Dism*

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.