

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041476

FILED VS DEC 15 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 471

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp. Farmington - Rural</u>		Length of stay in 1b <u>3 years, 10 mos.</u>		c. CITY OR TOWN <u>High Ridge</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 4</u>				d. STREET ADDRESS (If outside, give location) <u>R. R. 2 - Frank Road</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis Frank</u>			4. DATE OF DEATH Month Day Year <u>Nov 27 1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 28 1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u> Hours <u>—</u> Min. <u>—</u>		IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>High Ridge</u>		12. CITIZEN: OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Francis Frank</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Madic</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Frank Brunsman Fenton, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u>							<u>Abt. 5 das.</u>
DUE TO (b) <u>Inanition</u>							<u>Abt. 2 mos.</u>
DUE TO (c) <u>Psychosis with cerebral arteriosclerosis</u>							<u>Unknown.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intertrochanteric fracture of rt. hip on 9-25-59 when he fell on ward.</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 if item 18) <u>Patient fell on ward of mental hospital after a shower.</u>					
20c. TIME OF INJURY Hour <u>7:30 A.M.</u> a.m. Month, Day, Year <u>9-25-59</u>							
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.) <u>Mental hospital ward</u>		20f. CITY, TOWN, OR LOCATION <u>St. Francois Township - St. Francois - Mo.</u>		COUNTY STATE	
21. I attended the deceased from <u>Sept. 25, 1959</u> to <u>Nov. 27, 1959</u> and last saw her <u>him</u> alive on <u>Nov. 27, 1959</u> Death occurred at <u>8:45 A. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John A. Brennan, M.D.</u>				22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>12-4-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/30/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas & Park Hill</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
24. FUNERAL DIRECTOR <u>Frohwitter - Miller High Ridge, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 11, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neville R. Thelwitzer

Licensed Embalmer No. 3696

P. O. Address High Ridge

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.