

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS FEB 17 1960

60-006923

ENDED

Registration District No. 162 Primary Registration District No. 5394 Registrar's No. 15 STATE FILE NUMBER

|                                                                                                     |  |                                                                                                                                        |                                                         |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JEFFERSON</u>                                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u> |                                                         |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Meramec Rural</u>              |  | Length of stay in 1b                                                                                                                   | c. CITY OR TOWN <u>House Springs</u>                    |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>House Springs RR</u> |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                      | d. STREET ADDRESS (If outside, give location) <u>RR</u> |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |  |                                                                                                                                        |                                                         |

|                                                                                                                    |                           |                                                                                                                                                          |                                                                |                                                             |                                                    |                                                  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>CHRIS</u> Middle <u>FRANK</u> Last <u>FRANK</u>                    |                           |                                                                                                                                                          | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>8</u> Year <u>60</u> |                                                             |                                                    |                                                  |
| 5. SEX <u>M</u>                                                                                                    | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 1-1871</u>                             | 9. AGE (last birthday) <u>88</u>                            | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>          |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>                                                                                                         |                                                                | 11. BIRTHPLACE (City and state or country) <u>EUREKA MO</u> |                                                    | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>        |
| 13a. FATHER'S NAME <u>CHRIS FRANK</u>                                                                              |                           | 13b. MOTHER'S MAIDEN NAME <u>BEELER</u>                                                                                                                  |                                                                | 14. NAME OF HUSBAND OR WIFE <u>Mary Frank Dec.</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 Address                                       |                                                    |                                                  |

|                                                                                                          |                                                    |  |                                  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                                    |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>                                                           |                                                    |  | <u>2 days</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Cardiac Decompensation</u>           |  | <u>7 days</u>                    |
|                                                                                                          | DUE TO (c) <u>Marked Senility Arteriosclerosis</u> |  |                                  |

|                                                                                                                                   |  |  |                                                                                                                                                                      |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 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<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>                                               |                                                                                                           | Month, Day, Year                                                                             |  |                                           |  |
| 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.)     |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |  |

21. I attended the deceased from (1948) (Oct 1957) to Feb 7 1960 and last saw him alive on 2-7-60  
Death occurred at 11:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo W. Rehner Jr DO. 22b. ADDRESS 645 Anvers Frsch Wro 22c. DATE SIGNED 2/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2/11/60 23c. NAME OF CEMETERY OR CREMATORY St MARTINS Cem. 23d. LOCATION (City, town, or county) (State) High Ridge Mo

24. FUNERAL DIRECTOR ADDRESS Primmer Funeral Home House Springs Mo 25. DATE RECD. BY LOCAL REG. 2-11-60 26. REGISTRAR'S SIGNATURE Robert E. Bauer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1961

### 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

*Herbert J. Elm Jr*

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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