

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039314

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10075 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 hour
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2536 East Dodier Avenue Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Frank Middle J. Last Trice 4. DATE OF DEATH Month October Day 29 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-23-1887 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
 Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man 10b. KIND OF BUSINESS OR INDUSTRY Bussmann Fuse Co. 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Ann Trice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. Ann Trice, 2536 E. Dodier Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1 hour
 DUE TO (b) Arteriosclerotic Cardiovascular Disease 2 years
 DUE TO (c) 4201

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1453 to Oct 29 and last saw him alive on Oct 23, 1961
 Death occurred at Oct 29, 1961 1:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles G. Molder, M.D. 22b. ADDRESS 3121 N. Grand 22c. DATE SIGNED Oct 25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10-31-61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis, Missouri (State) _____

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. 25. DATE RECD. BY LOCAL REG. OCT 30 1961 26. REGISTRAR'S SIGNATURE Ed Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Welford G. Pursley

Licensed Embalmer No. 4202

P. O. Address H. Joent

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.