

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43248

STATE FILE NUMBER

11897

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY			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) OR ST. LOUIS, TOWN			c. CITY OR ST. LOUIS, TOWN		
c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4209 De Soto			Length of stay in lb 2109 STREET ADDRESS (If outside, give location) 4209 De Soto Ave		
3. NAME OF DECEASED (Type or print) FRANK			4. DATE OF DEATH Month Day Year Dec, 25, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME William Jarvis			11. BIRTHPLACE (City and state or country) St. Louis, Missouri		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. 490-22-8514		
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 immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Coronary Artery Disease		
DUE TO (c) Generalized Arterio-sclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201		
20c. TIME OF INJURY a. m. p. m.			Hour Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 6-21-56 to 12-21-56 and last saw him alive on 12-21-56 Death occurred at 6-21-56 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. F. Raufer M.D.			(Degree or Title) 22b. ADDRESS 539 N. Grand		
22c. DATE SIGNED 12/26/56					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 12/28/56		
23c. NAME OF CEMETERY OR CREMATORIAL Laurel Hill Gardens			23d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
24. FUNERAL DIRECTOR Stroott * Carroll 4600 Natural Bridge			ADDRESS Ave DEC 27 1956		
25. DATE RECD. BY LOCAL REG.			26. REGISTRAR'S SIGNATURE A. C. Smith M.D.		

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..... *M. W. Ruster*

Licensed Embalmer No. *48*

P. O. Address *St. Louis*

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.