

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35969
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**

(a) County Registration District No. **1003**

(b) Township Primary Registration District No. **265 No. Union Bl.**

(c) City **St. Louis** (d) Street No. **265 No. Union Bl.** St. _____

(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **50** yrs. mos. ds.

2. PRINT FULL NAME **Bernard Frank**

(a) Residence, No. **265 North Union Blvd.** St. **12** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frieda Frank**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **(UNK)**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
AB. 76

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Gen. Mdse. retail**

9. Industry or business in which work was done, as saw mill, bank, etc. **retired**

10. Date deceased last worked at this occupation (month and year) **1936**

11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-11-37** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **9-3**, 19**36** to **10-11**, 19**37**

I last saw him alive on **10-11**, 19**37** Death is said to have occurred on the date stated above, at **2:15 p.m.**

The principal cause of death and related causes of importance were as follows:
Coronary occlusion

Other contributory causes of importance: **None**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **Milton Smith**, M. D.
(Address) **3720 Washington**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

FATHER 13. NAME **Samuel Joseph Frank**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER 15. MAIDEN NAME **Gertrude Cojak**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

17. INFORMANT (ADDRESS) **J.C. Ansell
265 N. Union Bl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bnai Amoona** DATE **10 - 13 - 37**

19. FUNERAL DIRECTOR **H. B. BERGER W & CO
4715 M'PHERSON**

20. FILED **J. Budeck**
Local Registrar.

OCT 13 1937

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

Herbert I. Berger

1597

I, Licensed Embalmer No.

me

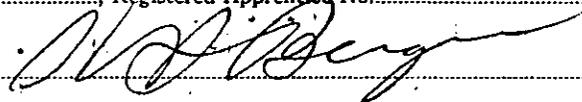
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 1597

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.)