

DEC 28 1937

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

42545

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H
(c) City Richmond Hts. (d) Street No. St. Mary's Hospital Registered No. 249
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert J. Frank

(a) Residence, No. 4959 Sutherland Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1916
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 20 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Julius Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

MOTHER 15. MAIDEN NAME Bertha Kelleher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. Bertha Frank
(ADDRESS) 4959 Sutherland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11-30 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED Nov 29 1937 Sam A. Bennett MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31 1937, to Nov 27 1937
I last saw him alive on Nov 27 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 9Nov 27-30
Other contributory causes of importance: lymphatic Leukemia July '37

Name of operation 90ml - 40+ Blood transfusions Date of July + Nov
What test confirmed diagnosis? Chusial 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Albert J. Mofel M. D.
(Signed) Albert J. Mofel
(Address) 2743 No Grand Blvd.

Gr 3960
193 N. Lincoln
1-2-68

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
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: *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

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.)