

20651

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

5495

Registration District No. **1000**

Primary Registration District No.

WRITE FULLY—USE GARDING DECKER TYPE 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. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Congress Hotel
277 N. Union Blvd.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1939 hour 10 minute _____ P. M.
21. I hereby certify that I attended the deceased from April 8
1939, to June 18, 1939
that I last saw her alive on February 18, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (terminal)
Arterio-sclerosis
arterio-sclerotic heart disease
gangrene, rt leg
Duration
48 hrs
2 days
4 hrs

3. (a) PRINT FULL NAME Lena Herman Frank
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 29 _____ hr. _____ min.

9. Birthplace Unknown Maine
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business at Home

MOTHER FATHER { 12. Name Simon Herman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Kleinberg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Chas. L. Greenha
(b) Address 275 N. Union

17. (a) Burial (b) Date thereof June 21, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Reinhold
(b) Address 5212 Delmar Blvd.

19. (a) JUN 20 1939 (b) J. F. Beck
(Date received local registrar) (Signature of registrar)

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Thelma Sale (M. D. or other) _____
Address 4500 Olive - St. Louis Date signed 6/19/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Charles Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *5716 Delmar*.....

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 this body is not embalmed, above space should be left blank.