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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23312

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5757

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3136 Leola 2
(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 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3136 Leola.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank B Card 630

3. (b) If veteran, name war No

3. (c) Social Security No. 492-10-5826

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Card

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct (Month) 3 (Day) 1888 (Year)

8. AGE: Years 51 | Months ~~27~~ 9 | Days 3 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Foreman

11. Industry or business Mo. Rolling Mills 4

FATHER
12. Name Thomas Card 1
13. Birthplace (City, town, or county) England (State or foreign country) 1

MOTHER
14. Maiden name Lillian Gunther
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mrs. Emma Card
(b) Address 3136 Leola

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 9 (Day) 1940 (Year)
(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director A Kogan L & U Co
(b) Address 2707 N Grand Blvd

19. (a) JUL 8 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 55
year 1940 hour minute 9 55 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1940, to July 6th, 1940, that I last saw him alive on July 6th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death (Thrombosis) Coronary Occlusion — Duration ?

Due to

Due to

Other conditions Chronic Myocarditis 5 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none done
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert L. Drury (M. D. or other) M.D.
Address 3548 So. Grand Date signed July 7/40

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 2 1941

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 Paul F. Knoblenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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