

12005

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 2  
4-13-40  
5-17-39  
I X23

APR 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 624

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 9803 S. BROADWAY  
(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 Missouri (b) County St. Louis 96

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 9803 S. Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ruth Grace Frank

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1941 hour 8 minute 30 a.m.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

7. Birth date of deceased: February 14 1934  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Accidentally burned when home was destroyed by fire

9. Birthplace: West Frankfort Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

Due to \_\_\_\_\_

Due to Extensive burns of entire body

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William H. Frank

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Yochum

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant William H. Frank

(b) Address 9803 S. Broadway

17. (a) Burial (b) Date thereof March 22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director C. Hoffmeister, Jr. & Co.

(b) Address 7814 S. Broadway

19. (a) MAP 22 1941 (b) Thomas H. Dyer  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 20, 1941

(c) Where did injury occur? 9803 S. Broadway  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Louis H. Boff (or other) \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 3/21/41

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

1600

**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.....

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *739 Lemay*

**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, fact should be so stated above.**