

No. 2
1-4-41
17-39
X26390

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(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:
Barnes 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 **Illinois** (b) County **990**
(c) City or town **Godfrey** (If outside city or town limits, write "RURAL") **171R**
(d) Street No. _____ (If rural, give location) **C**
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leo Frankel**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **25**
year **1941** hour **4** minute **54 P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Leona Frankel** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Jan. 22 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to **June 25 1941**,
that I last saw him alive on **June 25 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 **4** **27** _____ hr. _____ min.

Immediate cause of death
Perforated Ulcer of Jejunum 2 days
Due to **Carcinoma of Head of Pancreas**

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Due to **Carcinoma of Ampulla of Vater**
Primary
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **Retired**
11. Industry or business **Merchant**

Major findings: **Carcinoma of Ampulla of Vater**
Carcinoma of Head of Pancreas
Of autopsy: **Perforated Ulcer of Jejunum**
PHYSICIAN Underline the cause to which death should be charged statistically.

12. Name **Unknown**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Abrams**
(b) Address **#12 Radcliffe**
17. (a) **Burial** (b) Date thereof **6-27-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive Cemetery**

22. If death was due to external causes, fill in the following: **No**
(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) (e). Means of injury _____

18. (a) Signature of funeral director **Heiman Rindhoff**
(b) Address **5216 Delmar Blvd.**
19. (a) **JUN 26 1941** (b) **J. H. Greder**
(Date received local registrar) (Registrar's signature)

23. Signature **E. L. Keyes** (M. D. or other) **W**
Address **400 Metropolitan Building** date signed **6.25.41**

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

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 *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5716 Delma*

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.