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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30127**
Registrar's No. **7466**

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

FILED OCT 18 1941

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 **Little Sisters of Poor 22 & Hebert**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 or 3 weeks**
In this community **5** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie M. Frayn,**
(b) If veteran, name war _____ (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Frayn,** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 10 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown 4 Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Kelly**
13. Birthplace **Unknown 4 Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont know**
15. Birthplace **Unknown 4 Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN FRAYN**
(b) Address **2500a Bacon St.**

17. (a) **Burial** (b) Date thereof **9 - 17 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Cullinane Bros.**

18. (a) Signature of funeral director **1710 N. Grand Blvd.**
(b) Address _____

19. **SEP 16 1941** (b) **J. Bredels**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** // (If outside city or town limits, write "RURAL")
(d) Street No. **2500a Bacon St.** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **13** year **1941** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Aug 25, 1941** to **Sept. 13, 1941** that I last saw h. **et** alive on **Sept. 13, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 months**
Due to _____
Due to _____
Other conditions **Arteriosclerosis, Senility**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy **930**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Anthony A. Bredels** (M. D. or other) **032**
Address **1525 a. Cass Ave** Date signed **9/16/41**

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..... *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address *St. Louis, Mo.*

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

If this body is not embalmed, fact should be so stated above: