

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36220

36220

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2053

1. PLACE OF DEATH:

- (a) County St. Louis Co.
 (b) City or town Spanish Lake
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. R. 3, Baden Sta.
 (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)

3. (a) PRINT FULL NAME Frank Tschanuer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 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

7. Birth date of deceased Oct. 1 St 1848
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
92 ----- 0 -- 6 -- hr. min.9. Birthplace Austria 4
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Not Known13. Birthplace Austria 4
(City, town, or county) (State or foreign country)14. Maiden name Not Known15. Birthplace Austria 4
(City, town, or county) (State or foreign country)16. (a) Informant Fred Mollerus(b) Address R. R. 3 Baden Station17. (a) Burial (b) Date thereof Oct 10 Th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Edward Koch(b) Address N 14 Th Str19. (a) OCT 7 - 1941 (b) W. P. Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis Co 96
 (c) City or town Spanish Lake 00
 (If outside city or town limits, write "RURAL.")
 (d) Street No. R. R. 3 Baden Station 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 7 Th 1941;
year _____ hour 4 minute A M.21. I hereby certify that I attended the deceased from Jan 18
1941 to Oct 7 1941;
that I last saw h. i. m. alive on Oct 6 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Cardio renal vascular disease

Due to _____ Duration _____

Due to 131aOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury D23. Signature W. P. Hamilton (M. D. or other) MD
Address 8363 Lake Ferry Date signed Oct 7-41

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..... *Harry J. Sekunack*

Licensed Embalmer No. *2672*

P. O. Address..... *732 Lamoy Ave*

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.