

Registration District No. **1942791**

Primary Registration District No. **1003**

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:
4984 Tyrolean Ave.
(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**
(If outside city or town limits, write "RURAL")
(d) Street No. **4984 Tyrolean Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29th**
year **1941** hour **6** minute **A.M.** M.
21. I hereby certify that I attended the deceased from **May**
19**40**, to **Nov 29** 19**41**;
that I last saw him alive on **Nov 29** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Complications
Due to **Cirrhosis of liver**
Due to **chronic Nephritis**
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
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?.....

3. (a) PRINT FULL NAME **Henry Frank**
3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single/widowed, married/divorced **Married**

6. (b) Name of husband or wife **Julia Frank** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Jan. 25th 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 **10** **4**hr.min.

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

10. Usual occupation **Retired 11 Yrs.**

11. Industry or business.....

12. Name **Unknown Frank**
13. Birthplace **Unknown** (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (State or foreign country)

16. (a) Informant **Julia Frank**
(b) Address **4984 Tyrolean Ave.**
17. (a) **Burial** (b) Date thereof **12-2-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Kriegshauser Mortuar**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **DEC 1 1941** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Harren Heyenga** (M. D. or other)
Address **6639 S Kings Highway** Date signed **Nov 29**

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

17
9

026
2
17
9

MOTHER FATHER

344

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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.