S. No. 2
1—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15606

Primary Registration District No. 200

Registrar's No. 1108

1. PLACE OF DEATH:

(a) County: St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. 8/22/42. (Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: St. Louis

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

(d) Street No.: 6738 Roberts Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: FRANK, Valentine

3. (b) If veteran, name war: Philipp. Insurr.

3. (c) Social Security No. 488-05-9305.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth Frank

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: September (Month) 23, (Day) 1875 (Year)

8. AGE: Years 66 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation: Janitor.

11. Industry or business: -

FATHER
12. Name: Unavailable Frank
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schelling
(b) Address: Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21/42. (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.,

18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.,

19. (a) MAY 20 1942 (Date received local registrar) (b) C. G. McGinnis M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1942 hour 8:16 minute a. m.

21. I hereby certify that I attended the deceased from March 22, 1942 to May 19, 1942; that I last saw him alive on May 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease, cardiac enlargement,	
Due to: myocardial damage, auricular fibrillation and hypotension.	Unknown.
Due to: -	
Other conditions: - (Include pregnancy within 3 months of death)	

Major findings:
Of operations: -

Of autopsy: No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

9507

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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 kind of place)
While at work? (e) Nature of injury

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 5/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 A. Neely

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont 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.