

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31955

State File No. 8724  
Registrar's No.

FILED OCT 28 1942

Registration District No. 318

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: **Allegan Hosp. Brothers Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **9 Dys.**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**  
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **4044 Nebraska Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... **0** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**John W Frank**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or Race..... **W** 6. (a) Single, widowed, married, divorced..... **W 2**  
6. (b) Name of husband or wife..... **Elizbeth Frank** 6. (c) Age of husband or wife if alive..... **55** years  
7. Birth date of deceased..... **June 28 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68** **3** **22** hr. min.

9. Birthplace..... **St. Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Paper Hanging**

11. Industry or business..... **Self**

12. Name..... **Jacob Frank**  
13. Birthplace..... **Europe**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Unknown**  
15. Birthplace..... **Europe**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Elizbeth Frank**  
(b) Address..... **4044 Nebraska**

17. (a) (b) Date thereof..... **Oct. 23/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus**

18. (a) Signature of funeral director..... **Fendler Und. Co.**

(b) Address..... **7420 Michigan Ave.**

19. (a) **OCT 21 1942** (b) **J. J. Muehl**  
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**  
year..... **1942** hour..... **2** minute..... **45 P.** M.  
21. I hereby certify that I attended the deceased from..... **Oct. 9**  
19..... **42** to..... **Oct. 20** 19..... **42**  
that I last saw him alive on..... **Oct. 20** 19..... **42**  
and that death occurred on the date and hour stated above.  
Immediate cause of death..... **Uremia**

Due to..... **Chronic nephritis & uremia**  
Due to..... **Impaired water excretion**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... **As above**

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?  
(Specify type of place)

While at work?..... (e) Means of injury.....  
23. Signature..... **J. J. Muehl** (M. D. or other).....  
Address..... **3805 Broadway** Date signed..... **10/24/42**

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

MOTHER FATHER

To Engel 3800, 876dmy -

**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

*Oliver E. Fendley*

Licensed Embalmer No. 4148

P. O. Address

*S. James Mc...*

**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.