

FILED JAN 13 1943 318

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Registrar's No. 10899

Registration District No. Primary Registration District No.

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:
ALEXIAN BROS Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME John - A - Frankowski

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 12 1899
 (Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name John Frankowski

13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

14. Maiden name FRANCES SCHIMMELPENNIG

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

16. (a) Informant Arthur Frankowski
 (b) Address Creve Coeur Mo

17. (a) BURIAL (b) Date thereof 12/30/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. MICHAEL'S CEMETERY

18. (a) Signature of funeral director ORMANN FUNERAL HOME

(b) Address 9222 LACKLAND OVERLAND Mo

19. (a) DEC 29 1942 J. J. Prudek
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. Creve Coeur - Route # 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
 year 1942 hour _____ minute 3 A.M.

21. I hereby certify that I attended the deceased from see 1, 1942 to see 27, 1942
 that I last saw him alive on see 27, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus - Duration 10 min.

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Renal Abscess
see 12-1942
 Of autopsy none

PHYSICIAN

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) NI
 (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 W. Schmeider (M. D. or other) MD
 Address 3318 S Grand Date signed 12-28-42

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

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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. J. Ottmann*.....
Licensed Embalmer No. *3478*.....
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.