

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3966**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Alexion Brothers Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **004 17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4048 Castleman**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **William F. Frain**

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

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married,** **Divorced Widowed**
6. (b) Name of husband or wife **Magdalen** **6. (c) Age of husband or wife if alive** years
7. Birth date of deceased **April 17 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **9** If less than one day hr. min.

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

10. Usual occupation **Letter Carrier**

11. Industry or business **Retired**

12. Name **John Frain**

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

14. Maiden name **Margaret Cooney**

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

16. (a) Informant **Mr. Aloys Sonderrmann**
3706 Iowa Ave.
(b) Address **Burial** **Apr. 29, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Subban-Bung Montuary**
(b) Address **2842 Meramec St.**

19. (a) **APR 29 1943** **J. G. Bredeck**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th**
 year **1943** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 20** 19**43**, to **April 26** 19**43**
 that I last saw him alive on **April 26** 19**43**;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myo carditis **8 yrs**
Chronic arterio Sclerosis **8 yrs**
 Due to **Multiple pulmonary** **3 day**
abscesses both
lungs - cause not
 Other conditions **Diarrhea**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy **Pulmonary abscesses**
myocarditis chronic arteriosclerosis

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)

23. Signature **Adam Youngman** (M. D. or other) **MD**
Address **1439 Broadway** **Date signed** **4/27/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe D. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, Mo.

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.