

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 5335

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:
1208 Aubert
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 75 yrs

3. (a) PRINT FULL NAME Annie Frank

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed

6. (b) Name of husband or wife William Frank

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

7. Birth date of deceased December 25 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	14	hr. _____ min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Goldberg

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

14. Maiden name Idyl

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Oakley

(b) Address 5511a S. Grand Blvd.

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 6/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 1 1943
(Date received local registrar)

J. F. Prudish
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 Aubert
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 12 1940 to June 9 1943
that I last saw her alive on June 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Duration 1 day

Due to Arteriosclerotic Hypertensive Heart Disease

Due to Diabetes Mellitus

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) _____

(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)

Means of injury _____

23. Signature Jos. M. Chenstein
Address 4500 Olive Date signed 6/9/43

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

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.....



Licensed Embalmer No.

1597

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.