

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

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis Missouri  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank P. Bridge

3. (b) If veteran, name war none 3. (c) Social Security No. unk

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 26, 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Retired

12. Name Alanzo Bridge

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

14. Maiden name Jennie Engleme

15. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie B. Rendell

(b) Address Murphy's 22 Illinois

17. (a) \_\_\_\_\_ (b) Date thereof 10-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy's 22 Ill

18. (a) Signature of funeral director Albert A. Stappe

(b) Address 4900 Washington

19. (a) OCT 5 1943 (b) F. Braseck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Jefferson  
(c) City or town Pine Bluff AR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 511 South Alabama Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
year 1943 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Oct 1, 1943  
that I last saw him alive on Oct 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Senile dementia  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(b) Means of injury \_\_\_\_\_

23. Signature Lucy P. Stein (M. D. or Other)  
Address 28008 Chipmunk Date signed 10-2-43

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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.....

Licensed Embalmer No.....

3398

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.**