S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39075

FILED DEC 7 1943

Registration District No. 3 7 7

Primary Registration District No. 6076

Registrar's No. 2655

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3715 St. Ann's Lane
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6219 Ridge Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Frank Crane
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Crane
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April (Month) 25 (Day) 1865 (Year)
8. AGE: Years 78 Months 7 Days 3 If less than one day hr. min.
9. Birthplace New York (City, town, or county) (State or foreign country)
10. Usual occupation Retired R.R. Engineer
11. Industry or business
MOTHER FATHER
12. Name ? Crane
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lyons
15. Birthplace Michigan (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pauline Crane
(b) Address 6219 Ridge Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Leo W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) DEC 1 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 28 Year 1943 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 1943, 19..., to Nov 28, 1943, 19..., that I last saw him alive on Nov. 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis
Myocardial Failure
Due to Senile Arteriosclerosis
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. C. Talbert (M. D. or other) M.D.
Address 7320 Delmar Blvd. Date signed Nov 29, 1943

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. J. Salerno
1320 Florissant Rd.

DEC 7 1943

DEC 14 1954

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 Jas. W. Clark

Licensed Embalmer No. 1661.

P. O. Address 1125 Hadiamon

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.