S. No. 2
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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. 39812

FILED DEC 22 1943 318 Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 10792

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: 3424 Klein / (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSORI (b) County 17 (OUT)

(c) City or town ST LOUIS. 9 26 (If outside city or town limits, write "RURAL.")

(d) Street No. 3424 KLEIN STR (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ELLA FRANK

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife OSCAR FRANK

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY (Month) 26 (Day) 1882 (Year)

8. AGE: Years 61 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace POMONA (City, town, or county) ILL. / (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name MARK HOLDER
13. Birthplace ILL (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name CAROLINA SALYER
15. Birthplace ILL (City, town, or county) / (State or foreign country)

16. (a) Informant Odran Frank Frank

(b) Address 3424 Klein St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Berdermeda Funeral Home

(b) Address 1936 St Louis Av

19. (a) DEC 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1943 hour 7 45 A minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 3

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 12-8-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 St. Louis Ave

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.