

FILED DEC 27 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2808

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mon 7 days
(Specify whether years, months or days)

In this community 4 Mon. 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4251 MAFFITT
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME FREDERICK NAFCR

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 W.

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

7. Birth date of deceased April 14 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>8</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Pine Crest Home

(b) Address BALLWIN, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 19 43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director E. D. McFarren

(b) Address 2161 E. 5th St.

19. (a) DEC 18 1943 (b) E. D. McFarren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1943 hour 9:55 minute A.M.

21. I hereby certify that I attended the deceased from July 7 1943 to Dec 15 1943 that I last saw him alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy A30

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) (e) Means of injury _____

23. Signature R. W. J. Jones (M. D. or _____)

Address Manchester Mo Date signed 12/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
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J

JAN 2 01944

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 Welford G Burnley
Licensed Embalmer No. 24202
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.