

FILED OCT 7 1944
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2039

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:
7216 NATURAL BRIDGE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 91
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
(d) Street No. 7216 NATURAL BRIDGE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK X DEAK

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MARCH 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 2 hr. min.

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

10. Usual occupation TAILOR

11. Industry or business RETIRED

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Leona Penk

(b) Address 7216 NATURAL BRIDGE

17. (a) BURIAL (b) Date thereof 10-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 NATURAL BRIDGE

19. (a) OCT 6 1944 (b) E.S. McChurran M.D.
(Date received local registrar) (Registrar's signature) cons

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1944 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 23, 1944 to Oct 4, 1944; that I last saw him alive on Oct 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anemia Duration 6 mo

Due to _____

Due to 73d²

Other conditions (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:

(c) 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 play) _____ Means of injury _____

23. Signature Chas. J. [unclear] (M. D. or other) _____

Address 5014 Chesla Date signed 10-5-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

600

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 *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.