

No. 2  
-8-43  
5-17-39  
X37823

FILED JAN 5 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
New Plaza Hotel 3301 Olive  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 Years 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank K. St Claire

3. (b) If veteran, name war None

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.....

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

7. Birth date of deceased December 15 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 0 9 hr. min.

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

10. Usual occupation Custodian

11. Industry or business.....

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 Lillian D. Martin

(b) Address 6640 Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44  
(Month) (Day) (Year)

(c) Place of burial or cremation New Sts Peter & Paul Southern Funeral Home

18. (a) Signature of funeral director J. F. Brudick  
 Address 6322 So. Grand Blvd.

19. (b) (Date received local registrar) DEC 25 1944 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6640 Colorado  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 24th  
 year 1944 hour 11:20 minute P. 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.

Immediate cause of death Coronary Thrombosis

Due to.....

Due to.....

Other conditions 940  
(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)

(a) Means of injury.....

23. Signature John F. Brudick (M. D. or other) 3  
 Address 1045 So Date signed 12/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Virgil L. Berryman*.....  
Licensed Embalmer No. *4018*.....  
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.**