

S. No. 2
M-2-43
7-5-17-39
P-1 X35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1945
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7712
State File No.
2375
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5385 Pershing Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME KONRAD FRANK
(b) If veteran, name war unk. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1945 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Nov 10 1944 to March 13 1945
that I last saw him alive on March 13 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Marie Frank
(c) Age of husband or wife if alive 45 years

Immediate cause of death: chron myocarditis
in mitral regurgitation
old rheumatic fever
Due to _____
Due to _____
Other conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)

7. Birth date of deceased April 9 1869
(Month) (Day) (Year)
8. AGE: - Years 75 Months 11 Days 4
If less than one day hr. min.

Major findings: Diabetes mellitus
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace unknown Bohemia
(City, town, or county) (State or foreign country)
10. Usual occupation physician

11. Industry or business _____
12. Name Adolph Frank
13. Birthplace unknown Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Bohemia
(City, town, or county) (State or foreign country)
16. (a) Informant Marie Frank

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? _____
(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 Joseph J. Bruback (M. D. or other) _____
Address 3720 Washington Date signed 3-13-45

16. (b) Address 5385 Pershing Ave., St. Louis
17. (a) cremation (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7235 Delmar Blv'd., St. Louis
19. (a) MAR 14 1945 (b) J. J. Bruback
(Date received local registrar) (Registrar's signature)

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

Dr. Martin Stichel
3720 Washington
JFE 8498
2 to 5 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

NOT EMBALMED

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.