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7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUL 28 1945 THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

21915

State File No. ....

Registrar's No. 6330

Registration District No. 318 Primary Registration District No. 1003

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:  
4426 Virginia ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4426 Virginia ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elmer G. Frank  
3. (b) If veteran, name war no  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 21  
year 1945 hour 6 minute 45 A.M.  
21. I hereby certify that I attended the deceased from  
July 14 1945 to July 21 1945  
that I last saw him alive on July 21 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  
6. (b) Name of husband or wife Veva Frank 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased June 11 1893  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Myocarditis  
Due to (Coronary infarction)  
Duration 3 mos

8. AGE: Years 52 Months 10 Days 10  
If less than one day  
.....hr. ....min.

Other conditions  
(Include pregnancy within 3 months of death)  
93  
Major findings:  
Of operations.....  
Of autopsy.....

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic  
11. Industry or business Cincinnati Time Clock Co.

MOTHER FATHER { 12. Name Oscar Frank  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Deno  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Veva Frank  
(b) Address 4426 Virginia ave.

17. (a) Burial (b) Date thereof July 24, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery

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) (e) Means of injury.....

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
(b) Address 7814 S. Broadway

19. (a) JUL 23 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

23. Signature Oliver J. ... (M.D. or other) M.D.  
Address 7606 ... Date signed July 21

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

Dr. Owen J. McNamara

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 *Louis C. Hoffmeister*  
Licensed Embalmer No. *3471*  
P. O. Address *7814 S. Broad*

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.