

STANDARD CERTIFICATE OF DEATH

State File No. 29018
8028
Registrar's No.

FILED SEP 21 1945
318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6152 Waterman 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 Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6152 Waterman (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Frank.

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

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

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

7. Birth date of deceased October (Month) (Day) (Year)

8. AGE: 88 Years Months Days If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Isaac Frank

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

14. Maiden name Carolyn Reitzenberger

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

16. (a) Informant Florence Joseph

(b) Address 6152 Waterman Ave

17. (a) Cremation (b) Date thereof 9-14-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Meyer

(b) Address 4356 Lindell Blvd

19. (a) SEP 14 1945 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 1 minute 18 P. M.

21. I hereby certify that I attended the deceased from March 1, 1941 to Sept. 13, 1945 that I last saw her alive on Sept. 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive arteriosclerotic degenerative heart disease

Duration 10 yrs

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

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: Harrison M. Meyer (M. D. or other) mo
Address: 508 N. Grand Date signed 9/14/45

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..... *J. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.