

No. 2
-2-43
5-17-39
1 X35697

FILED MAR 18 1946
Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/30/46
In this community 3/2/46 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Webster St. 3866 2nd
(If not, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

HENRY FRANK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2
year 1946 hour 13 minutes 30 P.M.

21. I hereby certify that I attended the deceased from march 1, 1946 to march 2, 1946
that I last saw him alive on march 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

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

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

7. Birth date of deceased: April 26 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation ML

11. Industry or business _____

MOTHER FATHER

12. Name Henry Frank 11

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

14. Maiden name Anna Brosak

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

16. (a) Informant Mr. Leo Wirth

(b) Address 479 S Clifton Ave

17. (a) Burial (b) Date thereof 3 5 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Louis H. Bopp 2

(b) Address Berkwood Mo.

19. (a) 3-3-46 (b) E. M. Garman MD
(Date received local registrar) (Registrar's signature)

Due to 93d

Due to _____

Other conditions Arteriosclerosis
(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) (a) Means of injury 0

23. Signature M. R. Loving (M. D. or other) MD

Address Ballwin, Mo Date signed 3-2-46

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

3034

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood 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.