

FILED MAY 13 1948
Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 339

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **RURAL, S. Campbell Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 days**
In this community **19 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Louisiana** (b) County **Orleans**
(c) City or town **New Orleans**
(If outside city or town limits, write "RURAL")
(d) Street No. **2318 Frenchman Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **DeSILVA, Frank C.** #5578-H

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **UNK.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **(divorced) Frances Kramer** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **July 9, 1899**
(Month) (Day) (Year)

8. AGE: Years **46** Months **9** Days **11** If less than one day hr. min.

9. Birthplace **Milnburg Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Alexander DeSilva**
13. Birthplace **UNK. United States**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Neufield**
15. Birthplace **UNK. United States**
(City, town, or county) (State or foreign country)

16. (a) Informant **File**
(b) Address **MCFP**

17. (a) **burial** (b) Date thereof **April 24, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Fred C. Tims**
(b) Address **Springfield, Mo.**

19. (a) **1-24-48** (b) **W. H. Handley**
(If not received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1946** hour **7** minute **19** A.M.

21. I hereby certify that I attended the deceased from **April 1,**
1946, to **April 20, 1946**;
that I last saw him alive on **April 20, 1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, pulmonary**
bilateral, far-advanced, with
cavitation Duration **1 year**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **UNK.** Of autopsy **Prostate, Tuberculosis (questionable) Kidneys.** 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 **E. Marchand** (M. D. **XXXX**)
Address **Medical Center for Fed. Prisoners** Date signed **4/22/46**

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

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JAN 7 1955

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..... *Ralph H. Prime*
Licensed Embalmer No..... 3681
P. O. Address..... Springfield, 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.

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