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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14952

FILED APR 24 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3414

**1. PLACE OF DEATH:**

(a) County

(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: 3431 LOUISIANA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 YEARS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County Ood

(c) City or town ST. LOUIS 171
(If outside city or town limits, write "RURAL")

(d) Street No. 3431 LOUISIANA 169
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANCES LOIDER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ FRANK

6. (c) Age of husband ~~or wife~~ if alive 66 years

7. Birth date of deceased FEBRUARY (Month) 2 (Day) 1873 (Year)

8. AGE: ✓ Years 73 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or ~~business~~ AT HOME

FATHER
12. Name FRANKKLIMENT
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant FRANK LOIDER
(b) Address 3431 LOUISIANA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER & PAUL Cem.

18. (a) Signature of funeral director Thorkutis & Son
(b) Address 2906 GRAVOIS

19. (a) APR 13 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 12
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1946 to April 12, 1946; that I last saw her alive on April 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. L. Merklin M.D. (M. D. ~~or other~~)

Address 3507 Polomar Date signed 4-12-46

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.**