. S. No. 2
OM—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25034

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5892

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: Missouri-Baptist Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3422 Utah Street
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK W. BERAN
3. (b) If veteran, name war
3. (c) Social Security No. 489-05-3807
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 2, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	8	29	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri () (State or foreign country)
10. Usual occupation Beer Bottler
11. Industry or business
FATHER 12. Name Emil Beran Sr. 6
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Phillis Ocasek
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
16. (a) Informant Emil Beran Sr.
(b) Address 3422 Utah Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul
18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen Avenue
19. (a) JUL 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1946 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 26, 1946 to July 1, 1946 that I last saw him alive on July 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	
Due to Effusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 [illegible] (M.D. or other) M.D.
Address 4142 Maryland Date signed 7/7/46
St Louis, Mo.

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.

[illegible] 1952 [illegible]