S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38934 38194

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 368

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 2 mos. 25 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 94
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4908 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Born in Poland

3. (a) PRINT FULL NAME MARTIN FRAMER
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
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 February (Month) 27, (Day) 1912 (Year)
8. AGE: Years 34 Months 8 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation Student at Washington University
11. Industry or business when he entered the hospital.
MOTHER FATHER
12. Name Samuel Framer
13. Birthplace (City, town, or county) Poland (State or foreign country)
14. Maiden name Molly Kessler
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Oxenhandler Funeral Home
(b) Address 4469 Washington Blvd., St. Louis, Mo.
19. (a) 11-26-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12, year 1946 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from April 19, 1946, 19 to November 12, 1946; that I last saw him alive on November 12, 1946, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to: Dementia Praecox	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George H Reeves (M. D. or other) MD
Address Farmington Mo. Date signed 11-13-46

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(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1246-2924
Date Filed 12-2-46

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 W. J. Oxenradder

Licensed Embalmer No. 3669

P. O. Address 4469 Washington 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.