

No. 2
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DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

38608

FILED DEC 9 1946

STANDARD CERTIFICATE OF DEATH 1003

State File No. 38608

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10159

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:
Statler Hotel - 222 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Coronado Hotel - 3701 Lindell
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Issadore Frank

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Minnie L. 6. (c) Age of husband or wife if alive **** years

7. Birth date of deceased October 5 1865
(Month) (Day) (Year)

8. AGE: Years Months D^{ys} If less than one day
81 1 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business Realestate operator

12. Name Emanuel Frank

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

14. Maiden name Henrietta Steff

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

16. (a) Informant Joseph Bai
(b) Address Coronado Hotel

17. (a) Burial (b) Date thereof 11/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) NOV 28 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Nov. 26, 1946
that I last saw him alive on Nov. 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary artery thrombosis Duration 1 hour?
Due to arterio-sclerosis general years
hypertension
Due to arterio-sclerosis + hypertensive heart disease years
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN [Signature]
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) Month of injury.....

23. Signature Hewellyn Sale (M. D. or other) 0
Address 4500 Oldham Date signed 11/27/46

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

MOTHER FATHER

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

J. Allen Davis Jr

Licensed Embalmer No. *44513*

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.