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5-17-39  
X47070

FILED APR 23 1947  
318

Registration District No. Primary Registration District No. **1003**

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

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:  
**Jewish Hos'p**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **15 days**  
(Specify whether years, months or days)  
 In this community **abt six years**

3. (a) PRINT FULL NAME **Selma Rosenfeld Frank**

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. **NONE**

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

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

7. Birth date of deceased. **August 3 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 8 1** hr. min.

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

10. Usual occupation **at home**

11. Industry or business

12. Name **Adlof Rosenfeld** 4  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Johannah Stern** 4  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr Herman Rosenfeld**

(b) Address **6312 Southwood**

17. (a) **Burial** (b) Date thereof **4/7/47**  
(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) **APR 7 1947** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 96  
 (c) City or town **Clayton** 2  
(If outside city or town limits, write "RURAL") NR 2  
 (d) Street No. **6312 Southwood**  
(If rural, give location) 1  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9<sup>th</sup>**  
 year **1947** hour **12** minute **45<sup>0</sup>** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of the brain**

**from fracture of the skull when she fell on street**

**for heart in room 512 Jewish Hospital ground 10.00.47**

Duration **April 5<sup>th</sup> 1947**

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidental**

(b) Date of occurrence **April 5 1947**

(c) Where did injury occur? **St. Louis Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **At home**  
(Specify type of place) (If Means of injury)

23. Signature **Dr. J. F. Brudeck** (Date signed **4/8/47**)

Address.....

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**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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

**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.**