

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Sanitarium**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 days**  
(Specify whether **82 years**)

In this community **82 years**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ood**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3706 Iowa St**  
**24** (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **MARGARET DEVLIN**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20th**  
year **1947** hour **8:25** minute **A.M.**

4. Sex **female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow**

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

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

7. Birth date of deceased: **April 12 1865**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 28, 1947** to **May 20, 1947**  
that I last saw her alive on **May 20, 1947**  
and that death occurred on the date and hour stated above.

Duration **1947x.**

8. AGE:

Years	Months	Days	If less than one day
<b>82</b>	<b>1</b>	<b>8</b>	hr. .... min.

Immediate cause of death: **Cerebral Arteriosclerosis**  
**Senility**

Due to.....

Due to.....

Other conditions: **97**  
(Include pregnancy within 3 months of death)

9. Birthplace: **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **John K. Frahn**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Frahn**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helena A. Singler**  
(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereon **May 23, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**  
(b) Address **2842 Meramec St.**

19. (a) **MAY 21 1947** (b) **J. J. Bredebeck**  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....

Of autopsy **No**

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 **Jackie P. Eichel** (M. D. or other) **0**  
Address **5400 Arsenal St** Date signed **5/20/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

EMJ 2110

1917 105

18 10

18 10 18

8

18

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loren C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, 18, Missouri

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.