S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14035
Registrar's No. 3560

FILED APR 23 1948
Registration District No. 318
Primary Registration District No. 1003

WRITE PLAINLY—USING 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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution TEN DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1522 N 17th str. 9
(If rural, give location) 0
(e) Citizen of foreign country? 26 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANCES DUNASKE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Dunaske
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April (Month) 14 (Day) 1884 ~~1887~~ (Year)

8. AGE: Years 63 ~~60~~ Months 11 Days 29 If less than one day hr. min.

9. Birthplace Pozen Ills, 1
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. Name John Prange 4
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Joan Prange
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)
16. (a) Informant Frank Dunaske
(b) Address 1522 N 17th str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Central Und. Co
(b) Address 1841 Cass ave
19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

Call by [illegible] 8-16-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 3 minute 50 A M.

21. I hereby certify that I attended the deceased from April 4 1948 to April 13 1948; that I last saw her alive on April 13 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation
Due to Mesenteric thrombosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None performed

Duration

95

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 4/13/48

Jefferson City Printing Co.
(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, Elmo R. Cadwell

Licensed Embalmer No. 4077

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 3560

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Frances Dunaske, died ~~born~~ 4-13-, 1948, in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 7 should read April 14 - 1884
Instead of " " 1887
Item No. 8 should read age 63 - 11 - 29.
Instead of " 60 - 11 - 29
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank J. Dunaske
Relationship.

1522 N. 17th Str
Present Address.

Subscribed and sworn to before me this 17 day of July, 1948

My Commission expires 3-4-49.

Edna C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

S-14035