o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17572

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4577

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State St. Louis, Mo. (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4728 S. Broadway 0
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis M. Frank
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elsie Frank
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 1, 1890 (Month) (Day) (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
57	10	16	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Ret. Electrician 12 yrs.
11. Industry or business
FATHER
12. Name Louis J. Frank
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Juede
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Norman W. Frank
(b) Address 4728 S. Broadway
17. (a) Burial (b) Date thereof 5-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) MAY 17 1948 (b) J. F. Brisbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 day 17th
year 1948 hour 12 minute 10 A M.
21. I hereby certify that I attended the deceased from 2nd 1946
, 1946 to 5-16, 1948
that I last saw him alive on 5-16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease 2 years
Due to Arteriosclerosis
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) no
(b) Date of occurrence
(c) Where did injury occur? none
(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? No (e) Means of injury 0
23. Signature B. J. McGinn (M. D. or other)
Address 3608 S. Grand Date signed 5-17-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side) BYRON J MCHINNIS

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 John S. Kennedy

Licensed Embalmer No. 4194

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.