

No. 3906
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34444
State File No. 9166
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County oac
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4386 LINCOLN 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK, MACK
3. (b) If veteran, name war No
3. (c) Social Security No. 494-10-1636

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 22
year 1948 hour 12 minute 25 M.

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA C. 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: Aug 1 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 12 1948 to Oct 22 1948
that I last saw him alive on Oct 22 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 2 21 hr. min.

Immediate cause of death Cerebral Hemorrhage 12 day
Due to Diabetes Mellitus 12 day
Due to Hypertension 12 day

9. Birthplace DuBuque Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) U1
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation CUSTODIAN

11. Industry or business FUNERAL DIRECTOR

12. Name ROBERT MACK

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

14. Maiden name ELIZABETH RUMPLE

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

16. (a) Informant ELLA C. MACK

(b) Address 4386 Lincoln

17. (a) REMOVAL (b) Date thereof Oct 24 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DuBuque Iowa

18. (a) Signature of funeral director Cullin

(b) Address 4386 Lincoln

19. (a) Oct 23 1948 (b) J. B. Casater
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature A. Rasmondack (M. D. or other) 10/22/48
Address 43902 Pine Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Ronald Yaburke
Licensed Embalmer No. 3917
P. O. Address St Louis V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.