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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38118

Registration District No. 318 — Primary Registration District No. 100 — Registrar's No. 10239

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

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1805-A S. Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN FRANK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. 23 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 0 — If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Jacob Frank

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

14. Maiden name Magdalena Christ

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

16. (a) Informant Augusta Frank

(b) Address 1805 S. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Chulick Und. Co.

(b) Address 1722 S. Jefferson

19. (a) NOV 26 1948 (Date received local registrar) (b) J. B. Lawton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd year 1948 hour 12 minute 24 A. M.

21. I hereby certify that I attended the deceased from 11/5/48, 19..., to Nov. 23rd, 19 48 that I last saw him alive on Nov. 23rd, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Perforated Sigmoid

Due to Incarcerated Strangulated Inguinal Hernia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury

23. Signature 1515 Lafayettte Albert Gerhardt M.D. 11/29/48 (Physician or other)

Address Date signed

(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 Alex A. Chaulick

Licensed Embalmer No. 1722 S. Jo/

P. O. Address 4143

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.