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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 3787

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6.76

State File No. 42049

Registrar's No. 2788

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5425 Hodiamont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5425 Hodiamont
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank L. Case

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

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

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adelene Wurl Case

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 14 (Day) 1878 (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Franklin City (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Spices, Soaps, Medicineect.

FATHER
12. Name Perry Case
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Adelene Wurl Case

(b) Address 5425 Hodiamont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. Home, Inc.

(b) Address 1936 St. Louis Ave.

19. (a) 12-2-48 (Date received local registrar) (b) Thurid V Tusinger MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1948 hour 7 : minute 15 A.M.

21. I hereby certify that I attended the deceased from DIED WITHOUT MEDICAL ATTENDANCE, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200c	
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 Thurid V Tusinger MD (M. D. or other)

Address Act. Commissioner of Health Date signed 12-3-48

(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 Neal L. Paulson

Licensed Embalmer No. 4-1-04

P. O. Address 1936 St Louis Ave

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.