

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38721

FILED NOV 25 1949

State File No. 9909

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp		d. STREET ADDRESS (If rural, give location) N.R., 6430a Alamo	
3. NAME OF DECEASED (Type or Print) a. (First) ALEX		b. (Middle) FRANK	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 11 16 49	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Feb. 15, 1894
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber	
11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Simon Frank		13b. MOTHER'S MAIDEN NAME Roslyn Hausner	
14. NAME OF HUSBAND OR WIFE Ethel Frank		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in () (Unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Frank	
ADDRESS 6430a Alamo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retinal-endotheliosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
3. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7/15 Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 20 ft!	
22. I hereby certify that I attended the deceased from 7-24, 1948, to 11-16, 1949, that I last saw the deceased alive on 11-15, 1949, and that death occurred at 9:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Carl J. Reis (Name or title)		23b. ADDRESS Humphlett Bldg.	
23c. DATE SIGNED 11-16-49		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 11/17/49		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona	
24d. LOCATION (City, town, or county) (State) University City Mo.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 17 1949 J. B. Carater	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paulo Pedruz
4229

Licensed Embalmer No. _____

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.