

REG'D OCT 14 1939 891  
Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 797A

1. PLACE OF DEATH: 1003  
(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. Anthony's 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 12 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME FRANK LOUIS EDLICH 3119  
3. (b) If veteran, name war No 3. (c) Social Security No. 493-09-850

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Edlich 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased July 11 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 4 hr. min.

9. Birthplace East St. Louis, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Salesman

11. Industry or business \_\_\_\_\_  
12. Name Louis Edlich  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Rosenberger  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Edlich  
(b) Address 4892 Margaretta Ave

17. (a) Burial (b) Date thereof 9/18/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. A. Stock  
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 16 1939 (b) J. D. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4892 Margaretta Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day Sept.  
year 1939 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2-10-39  
\_\_\_\_\_, 19\_\_\_\_, to 9-15-39, 19\_\_\_\_;  
that I last saw him alive on 9-15-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia

Duration  
5 days

Due to Prostatic Hypertrophy 2 yrs

Due to Acute Substital Nephritis 2 wks  
caused by prostatic

Other conditions emphysema  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 137

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 3320 E Grand Date signed 9-10-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAKE A BLANK USE UNWRITING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1939

Mr. Frank Jacobs

3320 S. Bond

Chicago 6000

1-3

**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.....

*Frank A. Moore*

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

**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, above space should be left blank.**