

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.

JAN 12 1940

Registration District No. 201

Primary Registration District No.

1. PLACE OF DEATH: 1003 2
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 617 Lynch St.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo. (b) County
(c) City or town St. Louis 23
(d) Street No. 617 Lynch St.
(e) If foreign born, how long in U. S. A. 36 years

3. (a) PRINT FULL NAME Joseph Frank 652
8. (b) If veteran, name war
8. (c) Social Security No. 488-10-2377

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25 year 1939 hour 3 minute 7 M.
21. I hereby certify that I attended the deceased from May 1937, to Dec 25 1939 that I last saw him alive on Dec 25 1939 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Frank 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 7 1881 (Month) (Day) (Year)

Immediate cause of death
Hypertensive heart disease
Chronic myocarditis
Due to Arterial sclerosis
Due to

8. AGE: Years 58 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Beer Bottler

11. Industry or business Anheuser-Busch

12. Name Jacob Frank 6

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

14. Maiden name Anna M. Reinfelder

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

16. (a) Informant's own signature Mrs M. Frank

(b) Address 617 Lynch St

17. (a) Burial (b) Date thereof 12-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter Paul

18. (a) Signature of funeral director With Pro. Mo
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 27 1939 (b) J. F. Brudick (Registered Embalmer)

Duration
Physician
Underline the cause to which death should be charged statistically
Major findings:
Of operations
Of autopsy

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 Royall Weir (M. D. or other)
Address 1703 So Grand Date signed 12-26-39

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.....

Paul A. Shanklin
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *Paul A. Shanklin*
.....

Licensed Embalmer No. *3472*

P. O. Address *29298 Juffre*

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.