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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36785
9058

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

FILED DEC 11 1940

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 #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days) 1
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 21
0
(d) Street No. 2207 Chestnut Street. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Frank
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 25th, (Day) 1878. (Year)
8. AGE: Years 61 Months 11 Days 7 If less than one day hr. min.
9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation Cigar Maker 6
11. Industry or business 6
MOTHER FATHER
12. Name Charles Frank
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Mary Scheele
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Emma Dehne
(b) Address 11 Clayton Terrace Clayton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Hegenheim Bros.
(b) Address 6638 Cherokee Street.
19. (a) NOV 4 1940 (Date received local registrar) (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2, year 1940 hour 11:15 minute A.M.
21. I hereby certify that I attended the deceased from October 28, 1940 to November 2, 1940; that I last saw him alive on November 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Fatty degeneration
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 (M.D. or other)
Address 1515 Lafayette Avenue, Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Juddie A. Ziegenhein

Licensed Embalmer No. 2270

P. O. Address 2623 Cherokee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.