

No. 2
4-13-40
5-17-39
I X23159

1941 FEB 25 10 47 91
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **451**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community 5 Years.
years, months or days

3. (a) PRINT FULL NAME FRANCES ANN NELKE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 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 Oct 14 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>3</u>		hr. _____ min.

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

10. Usual occupation School Girl

11. Industry or business _____

12. Name Frank Nelke

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

14. Maiden name Paula Schmirer

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

16. (a) Informant Frank Nelke

(b) Address 2714 A Ann Ave.

17. (a) Burial (b) Date thereof Jan 17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thorpe Curtis & Son
2906 Gravois Ave. 84111

(b) Address _____

19. (a) JAN 16 1941 (b) J. H. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2714 A Ann Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 41 hour 6 30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 13 - 1941
Jan 14, 1941, to Jan 14, 1941,
that I last saw her alive on Jan 14, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Bronchitis 2 days

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Bilateral Pneumonia

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury

23. Signature A. Kaplan MD (M.D. or other) _____
Address 634 N. Grand Date signed 1-16-41

Kaplan

8-10

Je 24 55

APR 24 1958

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.....

Thordatis

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thordatis

Licensed Embalmer No. *1629*

P. O. Address *2406 Brown St*

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.