

FILED JUL 21 1941
791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4756

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5861 Cates
(If not in hospital or institution, write street number or location)

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

In this community 52 yrs
years, months or days)

3. (a) PRINT FULL NAME Fannie Frank

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Frank

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>ab. 57</u>			hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {

12. Name Hyman Holtzman

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

14. Maiden name Barbara (unk)

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

16. (a) Informant Sidney Frank

(b) Address 5855 Minerva

17. (a) burial (b) Date thereof 6/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) JUN 6 1941 (b) J. W. Bredach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5855 Minerva
(If rural, give location) Citizen

(e) If foreign born, how long in U. S. A. 52 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1941 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from JAN. 15, 1941
19____, to JUNE 7, 1941
that I last saw her alive on JUNE 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS Duration _____

Due to _____

Due to _____

Other condition HYPERTENSION-CHRONIC GOUT
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. J. Goldenson (M. D. or other) W. J. G.
Metzger, P. B. Date signed 6-7-41
St. Louis, Mo.

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



Licensed Embalmer No.

1597

P. O. Address

St. Louis

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.