No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26322

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1531

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vet. Adm. Fac. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 5-27-41 (Specify whether)
In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ills. (b) County Cass
(c) City or town Beards Town
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 East 6th Str. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank, Fred C.
3. (b) If veteran, name war W. W. 1918
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Frank
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 16 (Day) 1891 (Year)
8. AGE: Years 50 Months 2 Days 6 If less than one day hr. min.
9. Birthplace Ills. (City, town, or county) (State or foreign country)
10. Usual occupation Proprietor Filling Station
11. Industry or business Same
FATHER
12. Name Charlie Frank
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Addie Edinger
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruby Frank
(b) Address Beardstown, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Beardstown, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JUL 23 1941 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 5:27PM minute M.
21. I hereby certify that I attended the deceased from 5:27-41 until 7-22-41, 19 to 19; that I last saw him alive on 7-22-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tumor, cerebral, posterior wall of right lateral ventricle.	Unkn.
Due to Malignant	
Due to 54	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy See cause of death.

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 L. M. Cochran (M. D. or other) 0
Address Chief Medical Officer Date signed 7/22-41

(Licensed Embalmer's Statement on Reverse Side)

707

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. 2971

P. O. Address.....

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.