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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33449

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8405

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3176 Pennsylvania Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3176 Pennsylvania Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 years.

3. (a) PRINT FULL NAME Lena 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 widow

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

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

7. Birth date of deceased Oct. 12 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	9	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Unknown Muehlberg
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Eleanor Wenzel
(b) Address 3176 Pennsylvania Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Witt Bros L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 23 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1941 hour 3 minute 40 p.M.

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

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions Arteriosclerosis & Senility
(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 0

23. Signature F. S. Pernand (M.D. or other) Sm D
Address 3115 So Grand Date signed 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

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, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2979 S. Jefferson A

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.