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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33477**  
**8433**  
Registrar's No. \_\_\_\_\_

Filed NOV 24 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
**Luthern Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Hours**  
(Specify whether  
In this community **66 Years**  
years, months or days)

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") **12/16**  
(d) Street No. **3701 a Wyoming St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23 rd.**  
year **1941** hour **7** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **JAN 3, 1929**  
\_\_\_\_\_ 19\_\_\_\_ to **Oct 23, 1941**  
that I last saw him alive on **Oct 23, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage (apoplexy)** Duration **4 hrs**  
Due to: **Atherosclerosis** Cause

Other conditions: \_\_\_\_\_  
(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: **J. J. [Signature]** (M.D. or other)  
Address: **7702 [Address]** Date signed: **10/24/41**

3: (a) PRINT FULL NAME **Minnie Frank**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **August P.** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **February 26** (Month) (Day) **1875** (Year)

8. AGE: Years **66** Months **7** Days **27** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Louis Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

12. Name **Louis Schollmeyer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Arthur E. Frank**

(b) Address **39-Berrywood Dr. Glendale, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 27-41** (Month) (Day) (Year)  
**Valhalla Cemetery**

(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director **Hecker [Signature] and [Signature]**  
**3634 Gravois Ave.**

(b) Address \_\_\_\_\_  
19. (a) **OCT 24 1941** (Date received local registrar) (b) **J. J. [Signature]** (Registrar's signature)

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

MOTHER FATHER

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**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.....

*Francis J. Hyland*

Licensed Embalmer No. ....

*2645*

P. O. Address.....

*St Louis Mo*

**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.**