

FILED MAY 7 1942

Registration District No.

Primary Registration District No.

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

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:
1704 Menard Street /
(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 Missouri (b) County..... 000
(c) City or town..... St. Louis, 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 Menard Str. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Stipan Frandeka

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Frances Frandeka 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased, Unknown abt. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 73 Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name Anton Frandeka
13. Birthplace Jugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Kate Gorbin
15. Birthplace Jugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Frandeka
(b) Address 1704 Menard Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director W. L. Maynard
(b) Address 1926 Allen Ave.

19. (a) APR 29 1942 (Date received local registrar) J. F. Brundage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 28.
year 1942 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 4-15-1942 to 4-28-1942
that I last saw him alive on 4-27-42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cerebral vascular degeneration
Due to Arteriosclerosis
Chronic nephritis

Other conditions None
(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) No
(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. F. Brundage (M. D. or other)
Address — Date signed 4-28-42

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

Benj. C. Duncan

Licensee Embalmer No. *2272*

P. O. Address *1926 Allen*

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.