No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16703

Registrar's No. 5041

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: 4542 North Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Herman

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 North Market
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank H. Stein
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, married, widowed, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 26 (Month) 1885 (Day) (Year)
8. AGE: Years 56 Months 7 Days 12 If less than one day hr. min.
9. Birthplace Herman (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home.
11. Industry or business None
FATHER 12. Name Frank Stein
FATHER 13. Birthplace Herman (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Elizabeth Huber
MOTHER 15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant John H. Deutschmann
(b) Address Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.
19. (a) JUN 10 1942 (Date received local registrar) J. F. Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 18th 1942 to June 5th 1942 that I last saw him alive on June 5th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cortic Incompetency	1 year
Due to: Sabis Dorsalis	years
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Washington University City Date signed 6-9-42

(Licensed Embalmer's Statement on Reverse Side)

Markham
4601 Easton
1-2 Thur.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.