

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5629**

100
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
2818 Minnesota Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo. 17/16
(If outside city or town limits, write "RURAL")

(d) Street No. 2818 Minnesota Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank W. Dolfuss

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-14-6475

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1942 hour 9 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Julia Dolfuss

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 28th, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1941
to June 28, 1942
that I last saw him alive on 6/28/42
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death carcinoma of tongue, with metastases to cervical glands, 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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

10. Usual occupation City Employee.

Major findings of operations none

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Gustave Dolfuss

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

14. Maiden name Harriet Tipton

15. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Julia Dolfuss

(b) Address 2818 Minnesota.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/2/42
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director John J. Grogan & Sons

(b) Address 7027 Gravois Ave.

19. (a) JUL 1 1942 (Date received local registrar)

J. P. Predeck (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature oc [unclear] (Name) _____

Address 45235 N. [unclear] Date signed 6/29/42

I. REGEN

Embalmer's separate Cert filed

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. *3877*

P. O. Address. *7027 Illinois*

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.