

FILED JUN 29 1942 791

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:
5505 Magnolia 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2211a Howard St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Eder**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: **Jan 14th 1880**
(Month) (Day) (Year)

8. AGE: **62** Years **5** Months **4** Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Tailor**

11. Industry or business _____

12. Name **Unknown**

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

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

16. (a) Informant **Mrs. Katherine Eder**

(b) Address **2211a Howard St.**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **JUN 19 1942** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
year **1942** hour **1** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **July 10**
1942 to **June 18** 19 **42**
that I last saw him alive on **June 18** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Metastatic Carcinoma, (unknown origin, I)**
Duration: **10 mo.**

Due to _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

Signature: **Laura Kappeler** (M. D. or other) _____
Address: **609 Humboldt Bldg.** Date signed: **6/19/42**

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

MOTHER FATHER

000
177
9

MAR 29 1943

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.....

John P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

2224 Soham Ave

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.)

A If this body is not embalmed, fact should be so stated above.