

ED FEB 9 1943 318

1003

Registration District No. ....

Primary Registration District No. 1

Registrar's No. ....

1. PLACE OF DEATH:  
 (a) County St. Louis Mo.  
 (b) City or town .....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitarium 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 3 mos 3 das.  
 (Specify whether  
 In this community About eight years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1023 000**  
 (a) State Missouri (b) County .....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1839a No. 25th St.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME FRANK GENDRON  
 3. (b) If veteran, name war -  
 3. (c) Social Security No. -

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 29  
 year 1943 hour 5:55 minute P. M.

4. Sex male 5. Color or face white  
 6. (a) Single, widowed, married, divorced sep.  
 6. (b) Name of husband or wife separated-  
 6. (c) Age of husband or wife if alive - years  
 7. Birth date of deceased: unknown  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-26-42 19, to 1-29-43 19, that I last saw him alive on 1-29-43 19, and that death occurred on the date and hour stated above.

8. AGE: about 79 Years Months Days If less than one day  
 hr. min.

Immediate cause of death: Generalized arterio-sclerosis  
 Duration 1-29-43

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

Due to Senility 10-26-42x

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) 83 10-26-42x

MOTHER FATHER  
 11. Industry or business .....  
 12. Name unknown  
 13. Birthplace - (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace - (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: Of operations .....  
 Of autopsy No  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Helma A. Bueger  
 (b) Address 54 Arsenal St.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Cullinane Bros.  
 (b) Address 1710 N. Grand Blvd.  
 19. (a) EE: 7 111 (b) J. F. Budeck  
 (Date received local registration) (Registrar's signature)

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 Walter Moon (M. D. or other) MD  
 Address 5400 Arsenal St. Date signed 1-30-43

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

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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.....

*Fred Frick*

Licensed Embalmer No..... 3186.....

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.**