

FILED MAR 27 1944
Registration District No. 318

Primary Registration District No. 1003

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

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5589 Vernon (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rose Frank

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Morris Frank
6. (c) Age of husband or wife if alive ab. 68 years
7. Birth date of deceased: April 15 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 27
If less than one day hr. min.

9. Birthplace Odessa Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {
12. Name Morris Silverstein
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Fannie (unk)
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Frank

(b) Address 5589 Vernon Ave.

17. (a) burial (b) Date thereof 3/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 3/14/44 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 17
1937 to March 12 1944
that I last saw her alive on March 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration sudden

Due to Hypertensive heart disease 15 yrs.

Due to arterio sclerosis 15 yrs.

Other conditions bronchial asthma years
(Include pregnancy within 3 months of death)

Major findings: 93 PHYSICIAN
Of operations
Of autopsy
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) (e) Means of injury

23. Signature H. G. Newman (M. D. or other) M.D.

Address 3720 Washington Date signed 3/13/44

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. 1597

P. O. Address.....

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.