

S. No. 2
OM-5-43
v. 17-39
I X36671

FILED JUN 18 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5434

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: City Hospital
(If not in hospital or institution, write street number or location) Dont know

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) Dont Know

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howe

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2517

(d) Street No. 112 South Fourth St.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 10

If yes, name country _____

3. (a) PRINT FULL NAME Frank Denny

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13,
year 1946 hour 1 minute 55 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced D.K.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dont Know 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>abt-67</u>	<u>Dont Know</u>	<u>Dont Know</u>	<u>Dont Know</u>	hr. min.

Immediate cause of death Heart attack

Due to Pulmonary Congestion

Direct cause and manner of death same could not be determined

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

10. Usual occupation Dont Know

11. Industry or business _____

Major findings: 195-21

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Dont Know

13. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know Dont Know

15. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Gun Wounds

(b) Date of occurrence Washington 11-10

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? unknown

While at work? _____ (Specify type of place)

(e) Means of injury to drive

23. Signature J. F. Bredek (M. D. or other) _____

Address _____ Date signed 6/13/46

16. (a) Informant Rev. Walter J. Tucker

(b) Address 209 Walnut St.

17. (a) Burial (b) Date thereof 6-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Linden Blvd.

19. (a) JUN 19 1946 (Date received local registrar)

J. F. Bredek (Registrar's signature)

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

Carroll

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.