

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1933  
STANDARD CERTIFICATE OF DEATH

State File No. **21735**  
Registrar's No. **5410**

Registration District No. \_\_\_\_\_ 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:  
**Jewish Hospital**  
(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

3. (a) PRINT FULL NAME **FLORA STRAUSS FRANK**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Alfred**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown** (chroma **fin**)  
(Month) (Day) (Year)

8. AGE: Years **About 70** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Simon Strauss**  
13. Birthplace **Bavaria**  
(City, town, county) (State or foreign country)  
14. Maiden name **Caroline Block**  
15. Birthplace **Bavaria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. A. E. Strauss**

(b) Address **Humboldt Building**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-19-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **5216 Delmer Blvd.**

19. (a) **JUN 18 1946** (Date received local registrar) (b) **J. F. Brauer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **1217**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **275 N. Union** **9**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**  
year **1946** hour **8:00** minute **1** M.

21. I hereby certify that I attended the deceased from **June 19, 1946** to **June 17, 1946**  
that I last saw him alive on **June 17, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chromofic cell tumor of caecum Body = 7 mo**  
Due to **metastasis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **as above.**

Duration  
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) (e) Means of injury \_\_\_\_\_

23. Signature **Arthur E. Strauss** (M. D. or other) **MA**  
Address **539 N. Grand** Date signed **6/19/46**

---

---

**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..... *A.E. Burgess* .....

..... Licensed Embalmer No. *4029* .....

..... 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.**