

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED NOV 7 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9121**

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

33950

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. MARY'S INFIRMARY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

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

4. Sex F 3 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leon Frank
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased Nov 23 1900
 (Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Ark. (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

11. Industry or business _____
 12. Name Dennis Ware
 13. Birthplace Ark. (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Leon Frank
 (b) Address 2650 Delmar near
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 1946
 (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. J. Bredon
 (b) Address 2915 Franklin ave
 19. (a) OCT 25 1946 (Date received local registrar) (b) J. J. Bredon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2650 Delmar near (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1946 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 10/18 to 10/20 1946 that I last saw him alive on 10/20 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Hypertension
 Due to _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 102

Major findings:
 Of operations _____
 Of autopsy M

Duration 7

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) Nature of injury _____
 23. Signature J. J. Bredon (M. D. or other) _____
 Address 2915 Franklin ave Date signed 10/23/46

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

F. A. Green

Licensed Embalmer No.

2963

P. O. Address

2915 Franklin

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.