

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

FILED MAR 11 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2146**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5924a Page Boulevard.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5924a Page Boulevard (12)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Frable.

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William B. Frable.
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased October 4, 1883.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 24 _____ hr. _____ min.

9. Birthplace Pevely, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name William Schafer.
13. Birthplace Dont know.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine DeLoache.
(b) Address 5924a Page Boulevard.

17. (a) Burial (b) Date thereof 3-3-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAR 3 1947 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th.
year 1947 hour 12.35 minute P.M.

21. I hereby certify that I attended the deceased from _____
to Feb 28 1947
that I last saw h. or alive on Feb 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 yrs

Due to Myocarditis Duration 10 yrs

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

Major findings: Of operations _____
Of autopsy _____
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 Pho. W. Davis (M. D. or other) _____
Address 2422 N Grand Date signed 3/1/47

Dr. Thomas M. Davis.
2424 North Grand Ave.
Hours 2.30 to 4 P.M.
Franklin 4325

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

Donald Q. Zaluske
.....
Licensed Embalmer No..... *3917*

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.