

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 6279
Registrar's No. 1359

FILED FEB 21 1947

Registration District No. Primary Registration District No.

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:
Stone Nursing Home - 4
(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 Margaret 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 William E.

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

7. Birth date of deceased Aug. 10 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 88 | 5 | 28 | hr. min. |
|----|---|----|----------|

9. Birthplace Utica N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Angelhow 9

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Prietsch

(b) Address 525 Hollywood Pl.

17. (a) Burial (b) Date thereof 2-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Welck's Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) FEB 10 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3814 Flad (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 27
1947 to 2-7, 1947
that I last saw her alive on Jan 27
and that death occurred on the date and hour stated above.

Immediate cause of death Latent Pneumonia Duration _____

Due to Fractured hip R.

Due to Septic pneumonia

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) accident road

(b) Date of occurrence Feb 2/1947

(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?

While at work? _____ (Specify type of place)

Means of injury saatnall

23. Signature Method Spa (M. D. or other) M.D.

Address 106 Olive St Date signed _____

M. Manning Stearns

*506 Olive
Pet Hospital*

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.....

James R. Dunn

Registered Apprentice No. 403

working under my personal supervision.

Signed *James R. Dunn*

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.