No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY #82385
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6361
Registrar's No. 2043

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County R.C.
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1436 N. 14th St., 9
Memorial 25 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM FRANK
3. (b) If veteran, name war ---
3. (c) Social Security No. OAA
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 7th, ? (Month) (Day) (Year)
8. AGE: Years abt - 71 | Months | Days | If less than one day hr. min.
9. Birthplace Missouri 6 (City, town, or county) (State or foreign country)
10. Usual occupation OAA
11. Industry or business
FATHER 12. Name Martin Frank
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Holland
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant M.Renard
(b) Address St.Louis City Hospital
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof FEB 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) FEB 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1948 hour 6 minute 35 A M.
21. I hereby certify that I attended the deceased from 2/2/48
, 19 , to Feb. 15th , 1948
that I last saw him alive on Feb. 15th , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas
Due to WITH METASTASIS TO
Due to LIVER
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph C. Bleen (M.D. or other)
Address 1515 Lafayette Date signed 2/16/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.