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3906

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

27706

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **7790**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hos'p
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community Abt. 15 years

3. (a) PRINT FULL NAME Rosa M. Frank

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife David Frank 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 3 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>0</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business Meyer

12. Name Meyer 13. Birthplace Gerany
(City, town, or county) (State or foreign country)

14. Maiden name Maria Bauer 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Frank

(b) Address 8049 S. Drive (Richmond Heights)

17. (a) Burial (b) Date thereof 9/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Wajdi
(b) Address 4356 Lindell Blvd

19. (a) SEP 4 1948 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 6158 Waterman Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from March, 1944, to Sept 2, 1946;
that I last saw her alive on Sept 2nd, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Chronic heart failure
Arteriosclerosis

Due to pneumonia, Bronchial
arteriosclerosis

Due to

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?

(e) Means of injury

23. Signature Rosa Wainlander (M. D. or other)
Address 462 N. Taylor Date signed 9/1/48

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

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 Elmer R. Sadwell

Licensed Embalmer No. 4077

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.