

AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2308** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 23 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **St. Louis**
 c. CITY OR TOWN **Ladue** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **14 Hacienda** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
REBECCA FRANK **MARCH 7th, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/25/85** 9. AGE (last birthday) **75**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Maryland** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Adolph Kassel** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Benjamin M. Frank**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT Address **Mrs. M.L. Brand-14 Hacienda**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Metastatic melanoma to Spinal cord** INTERVAL BETWEEN ONSET AND DEATH **6 weeks**
 DUE TO (b) **Amelanotic melanoma** **10 years**
 DUE TO (c) **190.9**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from **Jan 1949** to **March 7/61** and last saw her **him** alive on **3/7/61**
 Death occurred at **6:15** **P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Alfred Feldman M.D.** 22b. ADDRESS **674N Grand** 22c. DATE SIGNED **3/8/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3/9/61** 23c. NAME OF CEMETERY OR CREMATORY **B'Nai Amoona Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **HERMAN RINDSKOPF INC. 5216 DELMAR** 25. DATE RECD. BY LOCAL REG. **MAR 9 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Ketter
Licensed Embalmer No. 3880

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

through the _____
