

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9373
Registrar's No. 2856

Registration District No. 791 Primary Registration District No. 1003

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) In this community De Paul Hospital

3. (a) PRINT FULL NAME Emma Franke
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 Single
6. (b) Name of husband or wife *****
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 15 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 11 If less than one day hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____
12. Name Charles H Frank
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary York
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Klemme
(b) Address 4166 Flora Blvd

17. (a) Burial (b) Date thereof March 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Peetz Brothers

18. (a) Signature of funeral director 3029 Lafayette Ave
(b) Address _____

19. (a) MAR 27 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4166 Flora Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26
year 1940 hour 12 25 minute A. M.
21. I hereby certify that I attended the deceased from March 15
1940 to March 26, 1940
that I last saw her alive on March 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
① Bronchopneumonia (hypostatic) 4 d.
② Cerebral hemorrhage (left) 10 d.
Due to ③ Hypertensive heart disease
④ Arteriosclerosis general
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 C. N. Bockelman (M. D. or other) MD
Address 2615 Brentwood Blvd Date signed 3/24/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940-1-11811

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Frank J. Swane*.....

Licensed Embalmer No. 2245.....

P. O. Address *St. Louis, Mo.*.....

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, above space should be left blank.