

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4202

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 291

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME Katherine Franz

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Franz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 12 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>17</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Christ Reifschneider

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Fred Franz

(b) Address Page & Ashby

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/31/41
(Month) (Day) (Year)

(c) Place: burial or cremation Ev. St. Pauls Cem.

18. (a) Signature of funeral director Raimann Bros.

(b) Address 544 Woodcar Rd Overland Park

19. (a) JAN 30 1941
(Date received local registrar)

(b) K. Meyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. Page and Ashby
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1941 hour 11 minute :50 A.M.

21. I hereby certify that I attended the deceased from 1-8-41
_____, 19____, to 1-29-41, 19____;
that I last saw her alive on 1-29-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Duration 2 hrs.

Due to Melanoma sarcoma 4 yrs.

Due to 5 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Spindle Cell Sarcoma of Cervix

Of operations _____

Of autopsy Melanoma Metastases

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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature John S. Matthews (M. D. ✓)

Address St. Louis County Hosp. Date signed _____

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

96
2
3

96
13
1

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..... *Oscar J. Mueller*.....

Licensed Embalmer No..... *3039*.....

P. O. Address..... *Overland 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, fact should be so stated above.