

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33570
Registrar's No. 8528

FILED NOV 24 1941

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
821 Holly Hills Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Florence Franey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas J. Franey 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August 2, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Byron McFarland
13. Birthplace (Unknown)
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bergetzi
Missouri
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Franey
(b) Address 821 Holly Hills Blvd.

17. (a) Burial (b) Date thereof 10-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
6322 S. Grand Blvd.
(b) Address _____

19. (a) OCT 28 1941 (b) J. F. Prebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 821 Holly Hills Blvd.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1941 hour 11:55p. minute _____ M.

21. I hereby certify that I attended the deceased from May 20, 1930, to Oct 24, 1941,
that I last saw her alive on Oct 23, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hrs.

Due to hypertensive Vasc. Disease 11 yrs.

Due to _____

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy g3a

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 1

23. Signature R. Busella (M. D. or other)
Address 3720 Washington Date signed 10/25/41

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

Dr. R. Kinnella
3720 Washington

82298

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.....

Virgil L. Benayman
Licensed Embalmer No. *4018*
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, fact should be so stated above.