. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11203

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3668

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7520 Byron
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Estelle Seidel Franklin
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 married
6. (b) Name of husband or wife Wendell A. Franklin
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased ~~Unknown~~ Sep 12 1911 (Month) (Day) (Year)

8. AGE: About Years 33 Months 7 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name Louis Seidel
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Kate Zenman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wendell A. Franklin
(b) Address 7520 Byron
17. (a) Burial (Burial, cremation, or removal), (b) Date thereof 4-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rudstein
(b) Address 5216 Delmar Blvd.
19. (a) APR 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1945 hour 3 minute 12 p.M.
21. I hereby certify that I attended the deceased from 1-5-44, 19, to 4-24-45, 19; that I last saw her alive on 4-24-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Blood transfusion reaction
Due to Anuria and uremia
Due to
Other conditions Rheumatoid Arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations Decapsulation of kidneys
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Herman J. Rosenfeld (M. D. or other)
Address 618 Wall Bldg Date signed 4-25

(Licensed Embalmer's Statement on Reverse Side)

1943
32

APR 3 1946

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 H. Burgess

Licensed Embalmer No. 4029

P. O. Address M

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.