

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35127  
State File No.  
8926  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: *Dea on Arvon & City Hosp 3*  
(d) Length of stay: In hospital or institution 20 years  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town University City  
(d) Street No. 7139 Northmoor Dr.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME OTTO F. FRANCK  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 17<sup>th</sup>  
year 1946 hour 12 minute 18<sup>00</sup> M.  
21. I hereby certify that I attended the deceased from

4. Sex M. 5. Color or race O  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: Ida Dorothy Franck  
6. (c) Age of husband or wife if alive: deceased  
7. Birth date of deceased: May 7th 1881

that I last saw h. alive on 19. to 19. and that death occurred on the date and hour stated above.  
Duration of death

8. AGE: Years 65 Months 5 Days 10  
If less than one day hr. min.

Immediate cause of death: *Chronic Interstitial Nephritis*  
Due to: *Chronic Nephritis*

9. Birthplace: St. Louis Mo.

Other conditions: *13/1*  
Major findings: Of operations  
Of autopsy

10. Usual occupation Insurance agent

11. Industry or business Insurance

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Loretta M. Franck  
(b) Address 7139 Northmoor Dr.

17. (a) Burial (b) Date thereof Oct. 19 1946  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: *Walter Gordon*  
(b) Address: 6536 Clayton Rd.  
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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?  
(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 of Registrar: *W. F. Breese*  
Address: 1300 Clark Date signed: 10-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
33929

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**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..... *W. Allen Davis*.....  
Licensed Embalmer No..... *4053*.....

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