

Registration District No. **318**

Primary Registration District No.

Registrar's No. **10214**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1 month Masonic Home 5**  
(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)

3. (a) PRINT FULL NAME **Mrs. Bertha Elizabeth Franke**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M** /  
6. (b) Name of husband or wife **Jacob William**  
6. (c) Age of husband or wife if alive **88** years  
7. Birth date of deceased **Unknown 1861**  
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day  
**abt- 86** hr. min.

9. Birthplace **Sweden** 4  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {  
12. Name **Peter Erickson**  
13. Birthplace **Unknown Sweden** 4  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna ? Unknown**  
15. Birthplace **Sweden** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Iva Hirsch**  
(b) Address **5351 Delmar, St. Louis**

17. (a) **burial** (b) Date thereof **11-6/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Alexander Linn**  
(b) Address **6175 Delmar**

19. (a) **NOV 5 1947** (Date received local registrar)  
**J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5351 Delmar** 9  
(If rural, give location)  
(e) Citizen of foreign country? **12-** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **4**  
year **47** hour **12.00 noon** M.

21. I hereby certify that I attended the deceased from **Oct. 13**, 19 **47** to **Nov. 4**, 19 **47**.  
that I last saw her alive on **Nov. 4**, 19 **47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 3 day**  
**Chronic Myocarditis** 1 yr

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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 **Delon Cantor** (M. D. or other)  
Address **508 N. Grand Ave** Date signed **11-4-47**

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

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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.....

*J. E. McCullor*

Licensed Embalmer No. *2468*

P. O. Address.....

*6175 Delmar*

**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.**