FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3303

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 11 ~~3303~~

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 Co. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Carson Rd. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frank, Elizabeth
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 Widowed
6. (b) Name of husband or wife Valentine Frank
6. (c) Age of husband or wife if alive Died years
7. Birth date of deceased 10 (Month) 12 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	20	hr. min.

9. Birthplace White water (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Hy. Detzen
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Henrietta Ulrich
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. Lumar
(b) Address 2501 Marshall Rd. Overland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 Woodson Rd. Overland Mo.
19. (a) 1-5-48 (Date received local registrar) (b) Cecil A. Hoag MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1948 hour 2 minute 55 A.M.
21. I hereby certify that I attended the deceased from Dec. 31, 1947, to Jan. 2 1948; that I last saw her alive on 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis - Multiple	1 WK?
Due to Arteriosclerosis	
Due to 93	
Other conditions Arteriosclerotic (Include pregnancy within 3 months of death) Heart Disease	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 — O
23. Signature [signature] (M. D. ~~or other~~)
Address 601 Brentwood Blvd. Date signed 1/2/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 3454 ....., Registered Apprentice No. (....., working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.