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10-47
7-49
3906

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

FILED AUG. 23 1948
Registration District No. 318

Primary Registration District No. _____

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:
3418a Wisconsin
(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) _____ (Specify whether

3: (a) PRINT FULL NAME Amelia N. Franke

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 Widow

6. (b) Name of husband or wife William F. 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased April 2 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 9 hr. min.

9. Birthplace Brockton Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Colomb

13. Birthplace Unknown France
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Franke

(b) Address 3356a S. Jefferson

17. (a) Burial (b) Date thereof 8/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Wacker-Weldert

(b) Address 3634 Gravois Ave.

19. (a) AUG 12 1948 (b) J. F. Bredek
(Date received local registrar) (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. 3418a Wisconsin 9
24 (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1948 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from January 6th, 1948 to August 11th - 1948
that I last saw her alive on August 11th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right breast Duration 1 yr.

Due to _____

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Solon Cameron (M. D. 2322)

Address 508 N. Grand Blvd. Date signed 8/12/48.

Solon Cameron

ml

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 Delis J. Kriffin

Licensed Embalmer No. 3497

P. O. Address. 3634 Gravois

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.