

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24793**
Registrar's No. **6719**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 6719			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		7			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony				d. STREET ADDRESS (If rural, give location) 7092 Winona Ave.					
3. NAME OF DECEASED (Type or Print) Josephine			a. (First) _____ b. (Middle) E. c. (Last) Franck		4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH Feb. 7, 1895			
9. AGE (in years last birthday) 54		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Coblenz, Germany		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Keller			13b. MOTHER'S MAIDEN NAME Elizabeth Sprung			14. NAME OF HUSBAND OR WIFE George F. Franck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lillian Swor ADDRESS 7092 Winona Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac arrhythmia & hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strangulated Umbilical hernia (2 weeks postoperative)						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION' Strangulated umbilical hernia				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) St. Louis (STATE) MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HEALTH					
22. I hereby certify that I attended the deceased from 7-15 , 1949, to Aug 1 , 1949 that I last saw the deceased alive on July 31 , 1949, and that death occurred at 12:20 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Victor H. Krummel, M.D. (Degree or title)				23b. ADDRESS 116 Hampton Avenue		23c. DATE SIGNED Aug 1, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8-2-49		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. AUG 2 1949		REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS Colonial Mortuary					

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

Dr. Kuenkel
SW 3030

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Harry J. Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No.

2679

P. O. Address.....

7814 4th Broadway

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.