

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25503

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>1729</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2129</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maplewood Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>737 N. Euclid Ave</u> <u>12</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Otto</u>		b. (Middle) <u>E</u>		c. (Last) <u>Franko</u>	
		4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>17</u> (Year) <u>50</u>	
5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>7</u>		8. DATE OF BIRTH <u>June 18-1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>unknown.</u>		13b. MOTHER'S MAIDEN NAME <u>unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>late Louise Franke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Kaible 706a Dover Place</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>331X</u>		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) (STATE) <u>St. Louis</u> <u>Mo</u>			
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? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Aug 13</u> , 19 <u>50</u> , to <u>July 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>50</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Stubbhoff M.D.</u> (Degree or title)				23b. ADDRESS <u>512 Dew Place</u>		23c. DATE SIGNED <u>7/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-17-50</u>		REGISTRAR'S SIGNATURE <u>Herbert J. Blank M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. LEIDNER, 2223 ST. LOUIS AVE.</u>			

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John M. Bentley*

Licensed Embalmer No. 3853

P. O. Address St Louis 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.