

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31472**  
Registrar's No. **8278**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8278</b>		
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1517a So. 7th St.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>23 1517a So. 7th St.</b>				
3. NAME OF DECEASED (Type or Print) <b>Frances</b>		a. (First) _____		b. (Middle) _____		c. (Last) <b>Franke</b>		
4. DATE OF DEATH <b>9 - 17 - 51</b>		(Month) _____		(Day) _____		(Year) _____		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7 - 28 - 1886</b>		
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Henry Maas</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Geisel</b>		14. NAME OF HUSBAND OR WIFE <b>August Franke</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Nil.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>August Franke</b> ADDRESS <b>1517a So. 7th St.</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sept. Hepatitis 4+</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dropsy</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>  <b>1 yr</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>425.2</b>				
22. I hereby certify that I attended the deceased from <b>June 1<sup>st</sup>, 1951</b> , to <b>Sept. 12, 1951</b> , that I last saw the deceased alive on <b>9-17-</b> , 1951, and that death occurred at <b>3:30 p m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>L. F. Murray</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>605-A Russell Blvd</b>		23c. DATE SIGNED <b>9-18-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-20-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 19 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b> ADDRESS <b>1926 Allen Av.</b>				

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Dale A. Traumann

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

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.