

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5003**

No. 300
10.48

FILED JUN 27 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 5003					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where 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, Mo.				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019							
d. FULL NAME OF HOSPITAL OR INSTITUTION 6701 Michigan				d. STREET ADDRESS (If rural, give location) 6701 Michigan 0									
3. NAME OF DECEASED (Type or Print) Mary Franey			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH May 31, 1952			(Month)			(Day)			(Year)				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jul. 31, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME John Woods				13b. MOTHER'S MAIDEN NAME Mary Donovan				14. NAME OF HUSBAND OR WIFE James J. Franey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ellen Franey 6701 Michigan							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES Cirrhosis of liver Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 year											
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810			
22. I hereby certify that I attended the deceased from April 10, 1951 , to May 31, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 a. m., from the causes and on the date stated above.													
23a. SIGNATURE [Signature] (Degree or title) no				23b. ADDRESS 539 N Grand				23c. DATE SIGNED 5-31-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-3-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivé Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.							
DATE REC'D BY LOCAL JUN 2 1952		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.							

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

Dr. C. G. Vournas
539 N. Grand Blvd.
Ne. 0136

12:30 to 3 p.m.

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 *David The Tossan* _____

Licensed Embalmer No. *4242* _____

P. O. Address *6322 S. Grand* _____

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.