

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37053

State File No. _____

MAX FRANKLIN
No. 11
BIRTH NOV 14 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2769

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) University City	c. LENGTH OF STAY (in this place) 20 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6270 Cates		d. STREET ADDRESS (If rural, give location) 6270 Cates	
3. NAME OF DECEASED (Type or Print) a. (First) JENNIE	b. (Middle)	c. (Last) RICH	4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1884
9. AGE (In years last birthday) 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home housewife	11. BIRTHPLACE (State or foreign country) Hungary	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chaim, St. bach		13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Sam
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sam Rich ADDRESS 6270 Cates	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, gen. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 33IX		INTERVAL BETWEEN ONSET AND DEATH few minutes years
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/9, 1952 , to 10/26, 1952 , that I last saw the deceased alive on 10/26, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Max Franklin M.D.		23b. ADDRESS 634 U. Grand	23c. DATE SIGNED 10/27/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/1952	24c. NAME OF CEMETERY OR CREMATORY Diana Amoon	24d. LOCATION (City, town, or county) (State) University City Mo.
DATE REC'D BY LOCAL REG. 10-27-52	REGISTRAR'S SIGNATURE Herbert R. Domb-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson	

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

James J. Anderson
4229

Licensed Embalmer No.

P. O. Address

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.