

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **24544**  
 Registrar's No. **6063**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>	
b. CITY OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place) <b>13 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLEVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane</b>		d. STREET ADDRESS (If rural, give location) <b>1229 Lebanon Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b>	b. (Middle)	c. (Last) <b>FRANKE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1954</b>
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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>Mar 17, 1893</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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 <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>THOMAS GRIFFITH</b>	13b. MOTHER'S MAIDEN NAME <b>PHOEBE TATE</b>	14. NAME OF HUSBAND OR WIFE <b>August Franke</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>August Franke</b>	ADDRESS <b>Belleville, Ill.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		<b>6 mo.</b>
	DUE TO (c) <b>Diabetes Mellitus</b>		<b>1 month</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Recurrent septicaemia</b>			<b>1 year</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>260X</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6/22**, 19**54**, to **7/5**, 19**54**, that I last saw the deceased alive on **7-5-**, 19**54**, and that death occurred at **4:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry Rosenberg MD</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>ST LOUIS, MO 1467 Union Bl.</b>	23c. DATE SIGNED <b>7/5/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-5-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Shiloh, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>JUL 6 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Kerner, Belleville, Ill.</b>	ADDRESS <b>120 N Illinois St</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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.....

*not embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Geo. Reimer*

Signed.....

Student Embalmer

Licensed Embalmer No. *2314*

P. O. Address *Bullville Ill*

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.