

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11143**
Registrar's No. **1645**

FILED MAR 18 1957

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) CITY		c. CITY OR TOWN ST. LOUIS CITY d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 24 Mo. 7 days		e. STREET ADDRESS (If rural, give location) 11 3922 N. MARKET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 ST. LOUIS CHRONIC. HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) STEVENS.		4. DATE OF DEATH (Month) (Day) (Year) 2 16 57.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1-15-1880
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Unk.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-30-5563	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clay Franke 3922 N Market
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162x		INTERVAL BETWEEN ONSET AND DEATH 4 mo. +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	
22. I hereby certify that I attended the deceased from 11-23 , 19 56 , to Feb. 16 , 19 57 , that I last saw the deceased alive on Feb. 16 , 19 57 , and that death occurred at 7.03 P m. , from the causes and on the date stated above.			
23a. SIGNATURE George M. Franke, M.D. (Degree or title)		23b. ADDRESS 5600 Arsenal	23c. DATE SIGNED Feb 18, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-19-57	24c. NAME OF CEMETERY OR CREMATORY New Palace	24d. LOCATION (City, town, or county) (State) St Louis, Mo
DATE REC'D BY LOCAL REG. FEB 18 57	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alfred L. Co 2707 N Grand	

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

S.P. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gustav W Diehl*

Licensed Embalmer No. *432*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.