

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34462**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2122**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) - a. STATE <b>Missouri (Parents)</b> b. COUNTY <b>St. Charles</b>	
b. CITY OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>Wentzville</b>	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) <b>5 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>#3 Jack Ray Park</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>			

3. NAME OF DECEASED (Type or Print) <b>Baby Boy Franz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 30 57</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>8-30-57</b>		9. AGE (In years last birthday) <b>5</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Fredrick Franz</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lynne Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		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>Fredrick &amp; Mary</b>		18. ADDRESS <b>Wentzville</b>		19. MEDICAL CERTIFICATION	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>	
*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 rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atelectatic &amp; Cord Compression</b> DUE TO (c) <b>IMMaturity (7 Mos)</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <b>7625</b>	
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 **8/30**, 19**57**, to **8/30**, 19**57**, that I last saw the deceased alive on **8/30**, 19**57**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jag A. Kilpatrick</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>8700 Riverview St. Louis, Mo.</b>		23c. DATE SIGNED <b>8/30/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-31-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8/30/57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donk MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann - St. Louis, Mo.</b>		ADDRESS	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Not Embalmed* .....

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