

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041562
STATE FILE NUMBER

11419

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Little Flower Conv. Home** Length of stay in 1b **68 yrs 2 4/9**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri**
b. COUNTY
c. CITY OR TOWN **St. Louis**
d. STREET ADDRESS (If outside, give location) **3711 Wisconsin Ave.**
Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **CAROLINE FRANKE**
4. DATE OF DEATH Month Day Year **Nov. 24, 1958**

5. SEX **female**
6. COLOR OR RACE **white**
7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED

8. DATE OF BIRTH **Nov. 6, 1879**
9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework**
10b. KIND OF BUSINESS OR INDUSTRY **at home**
11. BIRTHPLACE (City and state or country) **Hessen, Germany**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Karl Brunner**
13b. MOTHER'S MAIDEN NAME **Thekla Anhalt**
14. NAME OF HUSBAND OR WIFE **Christ J. Franke**

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. **495-26-9096B**
17. INFORMANT Address **Mrs. Florence Schlueter 3713 Wisconsin Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral vascular Hemorrhage**
DUE TO (b) **Cerebral Arteriosclerosis**
DUE TO (c) **331X**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Coma**

INTERVAL BETWEEN ONSET AND DEATH **4 Mos 10 YRS**

19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **October 15, 1958** and how long he/she was alive on **November 21, 1958**
Death occurred at **6:00 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leonard N. Piccione M.D.**
22b. ADDRESS **St. Louis 20 6303 Natural Bridge**
22c. DATE SIGNED **no. 11-26-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal**
23b. DATE **Nov. 28, 1958**
23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**
23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **BEIDERWIEDEN FUNERAL HOME 1936 St. Louis**
25. DATE RECD. BY LOCAL REG. **NOV 26 58**
26. REGISTRAR'S SIGNATURE **Earl Smith MD**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5881 10-23

Dr. Leonard Piccione
6303 Nettl Bridge

EV 5-9393

Michael Thompson / pmc

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 *Homer H. Britz*

Licensed Embalmer No. *3882*
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.