

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026810
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 7157

AMENDED

Registration District No. FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b <i>67 YRS</i>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. DE PAUL HOSPITAL</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3961A N. 11th ST</i>	
3. NAME OF DECEASED (Type or print) First <i>HERMAN</i> Middle <i>C.</i> Last <i>FRANKE</i>			4. DATE OF DEATH Month <i>JULY</i> Day <i>31</i> Year <i>1961</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/4/1892</i>	9. AGE (last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BUTCHER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MEAT MARKET</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i>	
13a. FATHER'S NAME <i>A. H. FRANKE</i>		13b. MOTHER'S MAIDEN NAME <i>AMALIA KOCH</i>		14. NAME OF HUSBAND OR WIFE <i>ELLENORE FRANKE (DECEASED)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WORLD WAR I</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>ALFRED J. MCKEEVER 1917 HEBERT ST</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Insufficiency</i> DUE TO (b) <i>Arterio Sclerotic heart disease</i> DUE TO (c) <i>420.0</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>June 7 1961</i> to <i>July 31 '61</i> and last saw him alive on <i>July 3 1961</i> Death occurred at <i>1:30 p</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>H. H. Seesener MD</i>			22b. ADDRESS <i>Northland St L 36th</i>		22c. DATE SIGNED <i>8-1-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>AUG. 3, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FRIEDENS CEMETERY</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS</i>	(State) <i>Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Guadmeyer & Sons 3934 N. 20 ST</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 2 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 John Z. Haines
Licensed Embalmer No. 4108

P. O. Address St. Louis Mo

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.