

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037543

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9504**

FILED SEP 26 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF
VS 300 Rev. 4/59					
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2		2/6			
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4		0			
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91					

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Alexian Bros. Hosp.		d. STREET ADDRESS (If outside, give location) 3517 Michigan	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward A. Franzl			4. DATE OF DEATH Month Day Year Sept. 21 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/88
9. AGE (last birthday) 75		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) Retired Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Franzl	
13b. MOTHER'S MAIDEN NAME Caroline Knabb		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.	
17. INFORMANT Edward J. Unwin 10040 Zenith		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis			
DUE TO (c) Pulmonary Embolus 420.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a)) Diabetes Mellitus			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 checked="" 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 checked="" 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 Jan 1962 to Sept. 21-63 and last saw ^{her} him alive on Sept-20-1963 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward H. Gibbons M.D.		22b. ADDRESS 3606 Shawois Street	
22c. DATE SIGNED 9-23-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/1963	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Catholic Cemetery	23d. LOCATION (City, town, or county) (State) Columbia Ill.
24. FUNERAL DIRECTOR Thomas Kutiš	ADDRESS 2906 Shawois	25. DATE RECD. BY LOCAL REG. SEP 23 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

Dr. R. A. Robinson
2606 Harvard Court
PA 23023

1130-300 Mon.

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Harvard

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.