

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33570**
Registrar's No. **8267**

NOV 16 1940 791

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5222 Raymond Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community **Life**
years, months or days)

8. (a) PRINT
FULL NAME **W. L. ELMINA**
F. Rosina Frantz.

3. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 25, 1887.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 9 hr. min.

9. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **William H. Frantz.**

13. Birthplace **Cincinnati, Ohio.**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Deer.**

15. Birthplace **Beauford, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lorena W. Frantz.**

(b) Address **5222 Raymond Ave.**

17. (a) **Burial** (b) Date thereof **10-7-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **OCT 4 1940** (b) **J. J. B. B. B.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5222 Raymond Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **Life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **4**
year **1940** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb 12**
1940 to **Oct 4**, 1940
that I last saw her alive on **Oct 3**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Lung
(Primary)

Due to **Myocarditis (Chronic)**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **Carcinoma of Lung**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury
23. Signature **W. E. Jones** (M. D. or other)
Address **5500** Date signed **Oct 4, 40**

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 East St. San

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 this body is not embalmed, above space should be left blank.