

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15362
Registrar's No. 907

Registration District No. 17

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Mrs Bessie Franzen
8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April 12 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Potosi, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Joseph Stahl
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Socup
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur D. J. [unclear]
(b) Address 6910 Corbett Ave.
17. (a) Burial (b) Date thereof 4-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chapman Social Mortuary
(b) Address 6464 Chipmunk St., St. Louis, Mo.
19. (a) APR 17 1943 (b) C. J. Mc Lerran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6910 Corbett Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 15
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug, 1941 to April 15, 1943
that I last saw her alive on April 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Senility

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature James [unclear] (M. D. or other)
Address 6125 Barton Date signed 4/15/43

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-27-42 I 12311

Dr. P. J. Reilly
6125 Bartmr
CA 5187

Between 2:00 & 4:00 PM---Thursday

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.....

Paul A. Shanklin....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address *6764 Ripper*

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.