

FILED APR 23 1945

318

Registration District No. Primary Registration District No.

1003

State File No.

Registrar's No.

3058

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1134 Newhouse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 83 yrs. 7 mo. 12 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amalia Franke

3. (b) If veteran, name war Nil 3. (c) Social Security No. none

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

6. (b) Name of husband or wife August Franke 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug. 22d. 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Home

12. Name Ferdinand Koch

13. Birthplace Unk. Germany (City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant GERTRUDE FRANKE

(b) Address 1134 Newhouse

17. (a) Burial (b) Date thereof Apr. 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Suedmeyer & sons

(b) Address 3934 No. 20th. St.

19. (a) APR 5 1945 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1134 Newhouse
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th.
year 1945 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from May 12, 1944, to April 4, 1945
that I last saw or alive on April 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic Myocarditis

Duration 5 hours
1 yr.

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

PHYSICIAN

Major findings: None
Of operations.....
Of autopsy.....

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) None
(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?

While at work..... (Specify type of place) (Specify type of injury)

23. Signature Bernard H. Stoffer (M. D. or other)
Address 2302 Salsbery Date signed 4-5-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha*

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, fact should be so stated above.