S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10834

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3599

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3643 Sullivan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 3643 Sullivan Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amelia Franke

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis N. Franke

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

7. Birth date of deceased March 28, 1873 (Month) (Day) (Year)

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

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Garrett Gaither

13. Birthplace Osage County, Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Alice Walsh

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

16. (a) Informant Hays A. Franke
(b) Address 3643 Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd

19. (a) APR 4 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1947 hour 11 minute 50A M.

21. I hereby certify that I attended the deceased from Oct. 1946 to April 1 1947; that I last saw him alive on March 24 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	1 yr
Due to Cerebral hemorrhage	6 wks
Due to	
Other conditions Pyelitis - Non-calculous (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Chas. Jost M.D. (M. D. or other) M.D.
Address 3500 N. Grand Date signed 4-2-47

(Licensed Embalmer's Statement on Reverse Side)

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. G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.