V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14090

Registrar's No. 3638

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

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7026 Florence Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude E. Franse
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie H. Franse
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July (Month) 4 (Day) 1890 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 9 | 11 | hr. min. |

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Kruckmeyer Machine Co.
MOTHER FATHER
12. Name Amos P. Franse
13. Birthplace (City, town, or county) Mo. (State or foreign country)
14. Maiden name Melinda Bills
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Marie H. Franse
(b) Address 7026 Florence Pl.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 16 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15 year 1948 hour 1 minute 45 AM M.
21. I hereby certify that I attended the deceased from 2-24, 1945, to 4-15, 1948, that I last saw him alive on 4-14, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hematemesis | 2 days |
| Due to Ruptured blood vessel | |
| Due to Gastric ulcer | 10 days |
| Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia | 2 days |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 A J Steiner (M. D. or other) MD
Address 6304 N. Grand Date signed 4-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. J. Steiner,
Mo. Theater Bldg..
2 to 5

## 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 Warren A. Carver

Licensed Embalmer No. 3534

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.**