

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31641
State File No. 8065

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2067 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 6 4746 Greer Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Otto		b. (Middle) J.		c. (Last) Frankenberg		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1950.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1879.	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Days 21	Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Attendant		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (State or foreign country) Summerfield, Illinois. / East St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Frankenberg		13b. MOTHER'S MAIDEN NAME Caroline (Unknown)		14. NAME OF HUSBAND OR WIFE Louise Frankenberg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Frankenberg, 4746 Greer Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of descending colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION 9/1/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma descending colon - 2 perforations				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 133X			
22. I hereby certify that I attended the deceased from 8-31, 1950 , to 9-21, 1950 , that I last saw the deceased alive on 9-21, 1950 , and that death occurred at 1:30P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Geo. H. Huser M.D.				23b. ADDRESS 370, Grandel Sprm		23c. DATE SIGNED 9/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. SEP 24 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fentz, 4828 Natural Bridge Blvd.			

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

Mark

3701, Grandview Bg.

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.....

.....
working under my personal supervision.

.....
Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ralph E. Linders*

Licensed Embalmer No. *4225*

P. O. Address *St. Louis, Mo*

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.