

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39380**

FILED DEC 14 1950

BIRTH, NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2906**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Florrisant, Mo.**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **RR. #3**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **ST LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Florrisant**

d. STREET ADDRESS (If rural, give location) **R.R.#3**

3. NAME OF DECEASED (Type or Print)

a. (First) **Charles** b. (Middle) **Frankenbach** c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 24, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Jun. 14, 1872** 9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Chas. Frankenbach** 13b. MOTHER'S MAIDEN NAME **Mary Niergott** 14. NAME OF HUSBAND OR WIFE **Emelie Frankenbach**

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. **496-18-0063A** 17. INFORMANT'S SIGNATURE OR NAME **E. Frankenbach** ADDRESS **RR#3, Florrisant, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Throat**

ANTECEDENT CAUSES (b) **Cerebral hemorrhage**

DUE TO (c) **none other**

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **none other**

INTERVAL BETWEEN ONSET AND DEATH **5 yrs**
1 day
148X

19a. DATE OF OPERATION **7-1-50** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma Throat** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **no** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **no** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-10**, 19**40**, to **12-7**, 19**50**, that I last saw the deceased alive on **11-30**, 19**50**, and that death occurred at **555a** m., from the causes and on the date stated above.

23a. SIGNATURE **Geo. H. Luker, Jr. M.D.** (Degree or title) 23b. ADDRESS **340 Bermuda Ave.** 23c. DATE SIGNED **12-2-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-4-50** 24c. NAME OF CEMETERY OR CREMATORY **Parklawn Cem.** 24d. LOCATION (City, town, or county) (State) **Lemay Mo.**

DATE REC'D BY LOCAL REG. **12/2/50** REGISTRAR'S SIGNATURE **Herbert R. ...** FUNERAL DIRECTOR'S SIGNATURE **Southern Funeral Home** ADDRESS **6322 S. Grand Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

1000

Dr. Klenberfuss
340 Bermuda
Normandy, Mo.

3 PM to 7 PM

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4212

P. O. Address

6322 So Grand

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.