

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 728	
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, Missouri		c. LENGTH OF STAY (In this place) 1 mo 1 wk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				f. STREET ADDRESS (If rural, give location) 3304 E So. BROADWAY			
3. NAME OF DECEASED (Type or Print) a. (First) GUSTAV b. (Middle) FRANZ c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1951				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D S	8. DATE OF BIRTH NOV. 26-1891		9. AGE (In years last birthday) 59	f UNDER 1 YEAR Months	f UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY TRANSFER CO.		11. BIRTHPLACE (State or foreign country) AUSTRIA 4		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN FRANZ		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HELEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-03-2617		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lily Cole 3304 E So. Bdwy			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Lymphoma ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the Liver				INTERVAL BETWEEN ONSET AND DEATH 34 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 200.1			
22. I hereby certify that I attended the deceased from 12/11/50 19 to 1/22/51 19, that I last saw the deceased alive on 1/22/51 19, and that death occurred at 8:25 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. L. Bryan, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-26-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE AND BY LOCAL REGISTRAR'S SIGNATURE Jan 23 1951 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's		ADDRESS 2301 Lafayette			

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

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.....

H. P. Garris

Signed.....

Student Embalmer

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.