

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21999

State File No. \_\_\_\_\_

5377

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4437 Lee Avenue, 15.</b>		d. STREET ADDRESS (If rural, give location) <b>4437 Lee Avenue</b> <b>0</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lena</b>	b. (Middle) _____	c. (Last) <b>Franko</b>
4. DATE OF DEATH		(Month) (Day) (Year) <b>June 10th, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 14th, 1874</b>	9. AGE (In years, last birthday) <b>78</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Herman Pottstock</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Franko, Sr.,</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Henry Franko, 4437 Lee Avenue, 15,</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension Essential</b> <b>Arteriosclerosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephritis Chronic</b>		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443-X</b>	
22. I hereby certify that I attended the deceased from <b>April 30, 1952</b> , to <b>June 10, 1952</b> , that I last saw the deceased alive on <b>May 5, 1952</b> , and that death occurred at <b>8:00 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Raymond M. Spiry M.D.</b>		(Degree or title) _____	23b. ADDRESS <b>Beaumont Max Bay</b>	
23c. DATE SIGNED <b>6/10/52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/13/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUN 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>

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

Mississippi Valley Trust Bldg.,  
Broadway & Olive Streets  
Between 12:00 Noon & 3:00 P. M.  
or at Dr. Spiveys office in the  
Beumont Bldg., Room 901,  
Between 3:00 P. M. & 6:00 P. M.  
(Tuesday Sure)

File in City

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John A. Mearns*  
Licensed Embalmer No. *4186*

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.