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

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22837

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5568

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 21570
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 15 4469 Delor St

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): M.
c. (Last): Franz

4. DATE OF DEATH (Month) (Day) (Year): 6-3-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-8-1879
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Franz
13b. MOTHER'S MAIDEN NAME: Mary Thieluer
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-05-4108
17. INFORMANT'S SIGNATURE OR NAME: Lottie Dumbeck — **ADDRESS**: 3922 Alexander Ave

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) Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension.
DUE TO (c) Cholecystitis. Choleliathiasis.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: May 29,
19b. MAJOR FINDINGS OF OPERATION: Inflammed gallbladder with stones.
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

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22. *I hereby certify that I attended the deceased from* 5-27-53, 19__, *to* 6-3-, 19 53, *that I last saw the deceased alive on* 6-3rd, 19 53, *and that death occurred at* 6:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: 4930 Lindell Blvd. St. Louis, Mo.
23c. DATE SIGNED: 6-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-6-1953
24c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
24d. LOCATION (City, town, or county) (State): 7600 Rock Hill Road Mo

DATE REC'D BY LOCAL REGISTRAR: JUN 4 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Siegenhein Bros. — **ADDRESS**: 6409 Gravois Ave
(Licensed Embalmer or Funeral Director)

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 Lou M. Spencer

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.