No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1953

State File No. 23450

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1700

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay,
c. LENGTH OF STAY (in this place): 2.5 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 146 East Etta

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 4870
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 146 East Etta Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired LABORER
10b. KIND OF BUSINESS OR INDUSTRY: WAREHOUSE
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Franz
13b. MOTHER'S MAIDEN NAME: Franciska Grimm
14. NAME OF HUSBAND OR WIFE: Mary Franz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 489-01-2797A
17. INFORMANT'S SIGNATURE OR NAME: Mary Franz, 146 ?East Etta Ave — ADDRESS

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) Malnutrition, Cirrhosis
Cardiac failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) duodenal ulcer with
pyloric obstruction.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility - 5410

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: June 1, 1953
19b. MAJOR FINDINGS OF OPERATION: duodenal ulcer & pyloric obstruction.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
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* May 1, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. W. Magno M.D. (Degree or Title)
23b. ADDRESS: 50-Sid Jeffrson. Sly
23c. DATE SIGNED: 6-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 22, 53
24c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 6-19-53
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fendler Und., Co, 7420 Michigan Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. H. Marjus
3606 Gravois
1 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 376

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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