

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1953

State File No. ....  
Registrar's No. 19153

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 19153	
1. PLACE OF DEATH a. COUNTY St. Louis <del>University City</del> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City c. LENGTH OF STAY (in this place) 6mos d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 520 Warder				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis c. CITY OR TOWN University City 37 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 520 Warder 4376 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Agnes c. (Last) Franklin			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1953				
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 14, 1885		9. AGE (In years last birthday) 67yrs 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) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Cent. Inst. For Deaf		11. BIRTHPLACE (City and State or Foreign Country) Fulton Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lewis Kuss		13b. MOTHER'S MAIDEN NAME Elizabeth Mautz		14. NAME OF HUSBAND OR WIFE B. Ray Franklin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-03-8168		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret VanDevanter 520 Warder			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 20yrs  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
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?			
22. I hereby certify that I attended the deceased from July 1952, to July 1953, that I last saw the deceased alive on 7-10, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE John W. Berry (Degree or title) M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 7-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Jefferson City Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alex. & Sons 175 Delmas			

4006  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hageman

Dr. John Berry

Dr. 6089

Beaumont 130

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.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloh*

Licensed Embalmer No. *296*

P. O. Address *6175 Del*

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

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