

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **849**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY st Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Sappington Mo.		c. LENGTH OF STAY (in this place) 30 years	c. CITY OR TOWN Sappington #830
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 6 Box 514 (Sappington Mo)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0		Rt 6 Box 514 (Sappington Mo)	

3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Carl		c. (Last) Franke		4. DATE OF DEATH (Month) (Day) (Year) Apr. 6th 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17th 1913		9. AGE (In years last birthday) 42 if UNDER 1 YEAR: Months 2 Days 20 if UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) St Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME William Carl Franke		13b. MOTHER'S MAIDEN NAME Lena Meyer		14. NAME OF HUSBAND OR WIFE Mrs Bernice Franke	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-32-0520		17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Franke		ADDRESS Rt 6 Box 514 Sappington Mo.	
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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) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Malignant hypertension		4 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **May 2, 1950**, to **April 6, 1954**, that I last saw the deceased alive on **4-4, 1954**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. R. W. Slucki (Degree or title) MD		23b. ADDRESS 8916 S. Main		23c. DATE SIGNED 4-8-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 9th 1954		24c. NAME OF CEMETERY OR CREMATORY New St Johns Cem.		24d. LOCATION (City, town, or county) (State) Mehlville, Mo.	
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DATE REC'D BY LOCAL REG. 4/9/54		REGISTRAR'S SIGNATURE Hecker R. Amke		25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home		ADDRESS 4100 Lemay Ferry Rd Mehlville Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 *Ronald O Yahrk*.....

Licensed Embalmer No. *391*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.