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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27679

State File No. ....

FILED SEP 8 1955

7366

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>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2089</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7720 E. RAILROAD ST</b>				d. STREET ADDRESS (If rural, give location) <b>7720 E. RAILROAD ST</b>				
3. NAME OF DECEASED. (Type or Print) <b>MARY</b>			a. (First)		b. (Middle) <b>FRAMBRO</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>8</b>		(Day) <b>20</b>		(Year) <b>55</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>OCT. 2, 1886</b>		
9. AGE (in years last birthday) <b>68</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY GA.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY GA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>FRED. REDMOND</b>			13b. MOTHER'S MAIDEN NAME <b>MOLLIE USHER</b>			14. NAME OF HUSBAND OR WIFE <b>JOHN FRAMBRO</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marion Dumas</b> ADDRESS <b>7720 East RR Ave St. Louis</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - lobar; cause undetermined</b>						
		ANTECEDENT CAUSES DUE TO (b) <b>Congestive heart failure</b>						
		DUE TO (c) <b>Arteriosclerotic heart disease</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>490 X</b>						
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>July 1, 1955</b> to <b>Aug. 19, 1955</b> , that I last saw the deceased alive on <b>Aug. 19, 1955</b> , and that death occurred at <b>4:00 a.m.</b> on <b>Aug. 20, 1955</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Elmer Richman MD</b> (Degree or title)				23b. ADDRESS <b>8230 Forsyth - Clayton Mo</b>		23c. DATE SIGNED <b>8/22/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>8-24-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BRIFFIN</b>		24d. LOCATION (City, town, or county) (State) <b>GA.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 23 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McCLAIN'S FUNERAL HOME</b> ADDRESS <b>1706 N. SARAH ST.</b>				

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

(Licensed Embalmer's Statement on Reverse Side)

6007

**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 Leroy W. Sammitte

Licensed Embalmer No. 4523

P. O. Address 3880 East

**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.