

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35493

State File No.

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2315

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u>		c. CITY OR TOWN <u>Rock Hill</u> <u>4631</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9841 Oak Haven Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>9841 Oak Haven Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROL</u> b. (Middle) <u>SUE</u> c. (Last) <u>FRANKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	
8. DATE OF BIRTH <u>Nov. 17, 1953</u>		9. AGE (in years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>11</u> IF UNDER 24 HRS. Days <u>11</u> Hours <u>11</u> Min. <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Clarence Franke</u>		13b. MOTHER'S MAIDEN NAME <u>Vivian Meyer</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Franke, 9841 Oak Haven, Rock Hill</u>		17. ADDRESS <u>Clarence Franke, 9841 Oak Haven, Rock Hill</u>		17. ADDRESS <u>Clarence Franke, 9841 Oak Haven, Rock Hill</u>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spinal Meningocele</u> <u>Spina Bifida</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition, severe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> " " " " <u>1 year</u>	
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19a. DATE OF OPERATION <u>1-25-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Repair spinal meningocele 751x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov 17, 1953, to Oct 5, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 12:05 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1105 Central Ave</u>		23c. DATE SIGNED <u>Oct 6, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-7-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS <u>Reiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Stanley Hanson
110 So. Central Ave.
11:30 a.m.

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Julius J. Kruppi

Licensed Embalmer No. 34

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.