

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43027  
Registrar's No. 2929

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2929

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 _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Wellston</u> )		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>41 yrs. 10 mos.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>		e. STREET ADDRESS <u>Grand and Chippewa St. Anthony's Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franziska</u> b. (Middle) <u>Frank</u> c. (Last) <u>(O.F.S.) (Sister Canisia)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 14, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar. 14, 1880</u>
9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	11. BIRTHPLACE (City and State or Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>John Joseph Frank</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilde Steinwachs</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknowns) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Vincent's Hospital</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease with Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> Years DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Schizophrenia, Chronic deteriorated</u> 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"/>		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) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. HOW DID INJURY OCCUR?	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>36</u> , to <u>12-15-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-14-</u> , 19 <u>55</u> , and that death occurred at <u>2:00 A.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>P. E. Nuttall M.D.</u> (Degree or title)		23b. ADDRESS <u>5385 Waterman</u>	
23c. DATE SIGNED <u>12/15/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>12/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. PETER + PAUL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GEBHEN-BENZ MORTUARY</u> ADDRESS <u>2842 MERAMEC ST. ST. LOUIS 18, MO</u>	
DATE REC'D BY LOCAL REG. <u>12-15-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Rombo M.D.</u>	

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

**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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joe B. Benz*

Licensed Embalmer No. 424

P. O. Address 784 Y Mera

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.