

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3261

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 71

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) OR TOWN Overland		c. CITY OR TOWN Overland-duck 425X	
c. LENGTH OF STAY (in this place) 30 yrs		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 #10524 Wurdack Avenue.		e. STREET ADDRESS 10524 Wurdack Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) DANIEL	b. (Middle) NICHOLAS	c. (Last) FRANZ.	4. DATE OF DEATH (Month) (Day) (Year) Jan'y 9, 1956
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5. SEX Male. <input checked="" type="checkbox"/>	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1872	9. AGE (In years last birthday) 83	# UNDER 1 YEAR Months	# UNDER 1 MRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter - Fresco	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) Bod Kreuzenach, Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Franz	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Ella Franz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no; if unknown, X) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Ella Franz, 10524 Wurdack Avenue	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyogenic Pulmonary infection		INTERVAL BETWEEN ONSET AND DEATH years
	ANTECEDENT CAUSES (b) Lower chest - Bronchietis		
	11. OTHER SIGNIFICANT CONDITIONS (c) Peptic ulcer 526X		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	19c. 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) m.	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 1953 to death, 1956, that I last saw the deceased alive on 7 Jan, 1956, and that death occurred at 8 AM., from the causes and on the date stated above.

23a. SIGNATURE Paul R. Whitener M.D.	23b. ADDRESS 2403 Brown, St. Louis 14 Mo	23c. DATE SIGNED 9 Jan 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-56	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens, St. Louis County, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 1-10-56	REGISTRAR'S SIGNATURE Hubert R. Donah M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, #7233 Delmar Blv's., ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File 1-3.  
Sta: 8-1248.

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.....  
*Clarence H. Murr*

Licensed Embalmer No. *4011*

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.