

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35509**  
Registrar's No. **8422**

FILED OCT 16 1956

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nashville</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>200 W. Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Flower Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>J.</u> c. (Last) <u>Franch.</u>			4. DATE OF DEATH. (Month) (Day) (Year) <u>Sept. 9, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>Dec. 21, 1878</u>		9. AGE (In years last birthday) <u>77</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Blacksmithing</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nashville Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jacob Franch.</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Presnack.</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha (deceased)</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>357-28-5233</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Franch.</u> ADDRESS <u>1373 Scott St. Louis Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			DUPLICATE OF (a) _____			_____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS			_____		
DUPLICATE OF (b) <u>Arteriosclerotic heart disease</u>			DUPLICATE OF (c) <u>Generalized arteriosclerosis</u>			_____		
DUPLICATE OF (c) _____			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 Feb, 1956, to Sept, 1956, that I last saw the deceased alive on Sept 9, 1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Haunch</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4952 Maryland St. Louis 8</u>		23c. DATE SIGNED <u>Sept 11, 1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Sept. 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Nashville Ill.</u>	
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DATE REC'D BY LOCAL REG. <u>SEP 12 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Mann</u> ADDRESS <u>Nashville Ill.</u>	
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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 \_\_\_\_\_

working under my personal supervision *This body was removed without embalming to Nashville, Tennessee.* Student Embalmer No. \_\_\_\_\_  
Student ..... Signed *J. D. Mann*  
Student Embalmer

Licensed Embalmer No. *5040 JLL*

P. O. Address *Nashville, Tenn*

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.