FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7095

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 198

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, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Spanish Lake 4000 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Normandy Osteopathic — Length of stay in 1b 3da	d. STREET ADDRESS (If outside, give location) 1571 Farmview — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LILLIAN Middle FRANCK Last		4. DATE OF DEATH Month January Day 22nd, Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April 5th, 1894
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Stanley		14. MOTHER'S MAIDEN NAME Ellen Behan	Adolph Franck (husband)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-36-5052	17. INFORMANT Address Margaret Hough, 1571 Farmview	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 18 Hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma Gall Bladder — 1 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 155X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-7-53, to 1-22-57 and last saw her/him alive on 1-22-57

Death occurred at 11.55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. R. Garner D.O.	22b. ADDRESS 917 Airport Rd	22c. DATE SIGNED 1-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1/25/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry		25. DATE RECD. BY LOCAL REG. 1-23-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard homemaker ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Di

Licensed Embalmer No. 4

P. O. Address

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