

FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30292

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2123

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, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>		Length of stay in 1b <u>D.O.A.</u>	d. STREET ADDRESS <u>3502a Iowa</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MARGARET</u>			4. DATE OF DEATH <u>Aug. 24, 1957</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <u>June 20, 1937</u>		9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Time Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson Foil Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>David J. Franz</u>		
14. MOTHER'S MAIDEN NAME <u>Margaret Werkmann Franz</u>			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>500 34 9043</u>		17. INFORMANT Address <u>Virgil Trokey 3502a Iowa St. Louis, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia secondary to accidental drowning</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Boat in which the deceased was riding with husband and friends overturned, throwing her into River</u>			
20c. TIME OF INJURY <u>6:30</u> Hour <u>XXX</u> Month, Day, Year <u>8/24/57</u> P. M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>		20f. CITY, TOWN, OR LOCATION <u>400</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Raymond H. David</u> (Degree or title) <u>3</u>			22b. ADDRESS <u>Coroner Clayton, Mo.</u>		22c. DATE SIGNED <u>8/27/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>Aug. 28, 1957</u>		<u>National Cemetery</u>	
23d. LOCATION (City, town, or county)		23e. (State)			
<u>Jefferson Barracks, Mo.</u>					
24. FUNERAL DIRECTOR <u>C. Hofmeister Mortuary</u> ADDRESS <u>7814 So. Broadway St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-26-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donche MD</u> <u>asc</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to diseases in Part I

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Rice C. Brana*

Licensed Embalmer No. 4

P. O. Address St. Lo.

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.