

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041561

STATE FILE NUMBER

XC-9313647
SL 14395
FILED DEC 1 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10974

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-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8030 CITY OR TOWN PINE BLUFF		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 174 DAYS	d. STREET ADDRESS (If outside, give location) 33 RT 6 BOX 470		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BETTY J. FRANKE			4. DATE OF DEATH Month Day Year 11-13-58		
5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-22-24	9. AGE (In years last birthday) 33	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, MISSOURI O		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ALBERT M. IRWIN		13b. MOTHER'S MAIDEN NAME OPAL M. HUGHES		14. NAME OF HUSBAND OR WIFE DEAN W. FRANKE (HUSBAND)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) YES	(If yes, give dates of service) WWII	16. SOCIAL SECURITY NO. 488-26-7555	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA					INTERVAL BETWEEN ONSET AND DEATH 7 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) BILATERAL HYDRONEPHROSIS AND HYDROURETER (PRIMARY)			UNKNOWN
		DUE TO (c) OBSTRUCTION BY METASTATIC CARCINOMA CERVIX			17 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 171X			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. Attended the deceased from 5-23-58 to 11-13-58 and last saw her alive on 11-13-58 Death occurred at 1:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. L. BEHRENS (Degree or title) M.D.			22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 11-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY		25. DATE RECD. BY LOCAL REG. NOV 14 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Signed *William B. White*
Signature of Student Embalmer

Licensed Embalmer No. *4791*

P. O. Address *228 S. King St*

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.