

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 7 1960

-60-025365

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1938 STATE FILE NUMBER

| | | | | | | |
|---|---|--|---|--|--|---|
| 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>VALLEY PARK</u> | | Length of stay in 1b <u>2 mos</u> | c. CITY OR TOWN <u>MEHLVILLE</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MOLL NUR. HOME</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3729 WILL AVE</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>LOUIS H. FRANKE</u> | | | 4. DATE OF DEATH Month Day Year <u>JUNE - 23 - 1960</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEB. 22 - 1877</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARDNER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>CARL FRANKE</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MEYER</u> | | 14. NAME OF HUSBAND OR WIFE <u>EMELIE FRANKE - DECEASED</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>NONE</u> | 17. INFORMANT <u>MARTHA PROESSER</u> | Address <u>9138 BOWELS DR ST LOUIS 23 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>arteriosclerotic heart disease</u> DUE TO (b) _____ DUE TO (c) <u>Cancer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cancer of prostate bladder</u> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input 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.) | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>May 25 1960</u> to <u>June 29, 1960</u> and saw him alive on <u>June 29 1960</u> Death occurred at <u>815 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Julius H. Hoff, M.D.</u> | | | 22b. ADDRESS <u>607 N Taylor</u> | | 22c. DATE SIGNED <u>6/29/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>JUNE 26 - 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>OLD ST JOHNS P.C.M.</u> | 23d. LOCATION (City, town, or county) (State) <u>MEHLVILLE MO</u> | | | |
| 24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHLVILLE MO</u> | | ADDRESS <u>6-25-60</u> | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE <u>John B. Mumfley M.D.</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert J. San Jr

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.