

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029431

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2074

FILED JUL 31 1962

VS 300  
Rev. 4/59  
14005  
24605  
3  
4 0  
5 1  
6  
7 0  
8 2  
94200  
10  
11  
1246-0  
13

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST LOUIS</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>RICHMOND HEIGHTS</b>  |   | Length of stay in lb<br><b>10 DAYS</b>  | c. CITY OR TOWN <b>RICHMOND HEIGHTS</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST MARY HOSPITAL</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>5 LAYMONT</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ARTHUR</b> Middle <b>FRANKE</b> Last <b>FRANKE</b>   |   | 4. DATE OF DEATH<br>Month <b>JULY</b> Day <b>13</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/1/1889</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>DICKIE CO</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>CONSTRUCTION</b>  | 11. BIRTHPLACE (City and state or country)<br><b>ST LOUIS MO</b>   |
| 13a. FATHER'S NAME<br><b>FREDERICK FRANKIE</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>SOPHIE WITTE</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>VIOLA FRANKIE</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><b>VIOLA FRANKIE 5 LAYMONT</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b><br>DUE TO (b) <b>Atherosclerotic Heart Disease</b><br>DUE TO (c) <b>Atherosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b><br><b>Several Years</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes Mellitus</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <b>12:00 p.m.</b> Month, Day, Year <b>7-13-62</b>   |   | 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.)  |   | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE   |
| 21. I attended the deceased from <b>12:00 p.m. 7-13-62</b> to <b>7-13-62</b> and last saw him alive on <b>7-13-62</b><br>Death occurred at <b>12:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22. SIGNATURE<br><b>Samuel L. Dexton</b> (Degree or title)  |   | 22b. ADDRESS<br><b>634 N. Grand Ave</b>   | 22c. DATE SIGNED<br><b>7-14-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>7/16/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY CEM</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS MO</b>   |
| 24. FUNERAL DIRECTOR<br><b>STOCK MORTUARY</b> ADDRESS<br><b>889 S BRENTWOOD</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-15-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul J. Wachter

Licensed Embalmer No. 4787  
P. O. Address St. Louis Mo

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.