

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-036156

DEPARTMENT OF PUBLIC HEALTH

FILED SEP 28 1962

1003

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 9000

FILED SEP 28 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 15 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN High Ridge Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.R. #1 Reside on Farm Yes No
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Joseph Franken
4. DATE OF DEATH Month Day Year 9- 18- 62
5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 3-17-59 9. AGE (last birthday) 3 yrs IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Benjamin Henry Franken 13b. MOTHER'S MAIDEN NAME Rose Geatley 14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Alice Trowbridge, 500 S. Kingshighway Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE LEUKEMIA
DUE TO (b) 204.3
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
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 Month, Day, Year a.m. p.m.
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 9-17-62 to 9-18-62 and last saw him alive on 9-18-62
Death occurred at 1:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Francis M Henderson MD 22b. ADDRESS St. Louis, Mo 500 S. Kingshighway, 22c. DATE SIGNED 9-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-20-1962 23c. NAME OF CEMETERY OR CREMATORY Resurrection 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Frohwitter-Miller, High Ridge, Mo. 25. DATE RECD. BY LOCAL REG. SEP 18 1962 REGISTRAR'S SIGNATURE Hoan Smith, M.D.

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 Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address High Ridge MD

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.