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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19898

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4846

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")

(d) Street No. 1424 Clara
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ferdinand Franke 652

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Apr. (Month) 17 (Day) 1860 (Year)

8. AGE: Years 80 Months 1 Days 14 If less than one day hr. min.

9. Birthplace — (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Carpenter 6

11. Industry or business Retired 7

FATHER
12. Name Bernard Franke
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucille Franke
(b) Address 1424 Clara

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann, Farra
(b) Address 1905 N Union

19. (a) June 3/40 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1, year 1940 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from May 23, 1940 to June 1, 1940 that I last saw him alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart hypertrophy

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A J Frank (M. D. or other)

Address 1515 Lafayette, Date signed 6/3/40

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**