

3-2
3-40
7-39
K23159

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1424 Clara Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ 2
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Franke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Female 5. Color or race White

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

6. (b) Name of husband or wife Ferdinand Franke

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

7. Birth date of deceased: Apr. 12 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casper Steltemeier

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Franke

(b) Address 1424 Clara Ave.

17. (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 24 1940 (b) J.F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1940 hour 1 minute 14 P. M.

21. I hereby certify that I attended the deceased from July, 1940, to September, 1940
that I last saw her alive on September 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Apoplexy
Ruptured Blood vessel
in Brain.

Due to Chronic myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Henry A. Fassel (M. D. or other)
Address 687 N. Grand St. Date signed 9-24-40

619 Shiversville Center
12-2-82

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 A. 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, fact should be so stated above.