

FILED FEB 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**4966 Highland Ave**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(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**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4966 Highland Ave**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Charles H. Franck**  
 3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Matilda Franck** 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **Feb 27** **1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days **70** **10** **13** If less than one day  
**70** ----- **10** -- **13** hr. min.

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

10. Usual occupation **Retired Lawyer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Charles Otto Franck**  
 13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margareth Haab**  
 15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Matilda Franck**

(b) Address **4966 Highland Ave 1944**

17. (a) **Burial** (b) Date thereof **Jan. 13** **Th**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Edward H. Cook**

(b) Address **3516 N 14 Th Str**

19. (a) **JAN 17 1944** (b) **J. F. Hudecek**  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **10** Th  
 year **1944** hour **10** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Aug 15** to **Jan 10** 19**44**  
 that I last saw him alive on **Jan 10** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
**arteriosclerosis**  
**hypertension**  
 Other conditions **93**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 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) (e) Means of injury

23. Signature **W. V. White** M. D. or other  
 address **803 N. Broadway** Date signed **1-17-44**

**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.....

*Harry J. Schumack*

Licensed Embalmer No. *2679*

P. O. Address..... *737 Mayfield*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.