

FILED SEP 13 1944

Primary Registration District No. 5594

Registrar's No. 16-29

1. PLACE OF DEATH: JEFFERSON
 (a) County JEFFERSON
 (b) City or town RURAL - MERAMEC JUMP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 FOREKA MO RR #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 YRS
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County JEFFERSON MO
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. NEAR BYRNESVILLE MO
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. FRANZ
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUGUST day 10TH
 year 1944 hour about 2 30 min. P.M.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife ALTHEA FRANZ
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased DECEMBER - 11 - 1976
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19... to 19...
 that I last saw h... alive on 19...
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 7 Days 29
 If less than one day hr. min.

Immediate cause of death: By accidental drowning
 Duration: 18 1/2 hrs
 36
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

9. Birthplace ST LOUIS MISSOURI
 (City, town, or county) (State of foreign country)

10. Usual occupation INVALID

MOTHER FATHER
 11. Industry or business
 12. Name GEORGE FRANZ
 13. Birthplace ALSACE LORRAINE
 (City, town, or county) (State or foreign country)
 14. Maiden name ROSA FARREL
 15. Birthplace ALBANY NEW YORK
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Franz
 (b) Address House Springs Mo.
 17. (a) BURIAL (b) Date thereof AUG 12 - 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ST COLUMBIA CEM BYRNESVILLE MO

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 8/10/44
 (c) Where did injury occur? Near Byrnesville Jeff. MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 at home - (on farm)
 While at work? (Specify type of place) Drowning
 Means of injury
 23. Signature Daniel B. Dittler
 Address Webers Mo Date signed Aug 10 1944

18. (a) Signature of funeral director
 (b) Address House Springs Mo
 19. (a) 11 Aug 1944 (b) J. A. Lawrence
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-12-44

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 John Ketterer
Licensed Embalmer No. 3880
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 this body is not embalmed, fact should be so stated above.