

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31403**
Registrar's No. **1989**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
Since 7-30-46
(d) Length of stay: In hospital or institution **52 years**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **2241a St. Louis Ave.,**
(If rural, give location) **9**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **FRANZL, George J.**
3. (b) If veteran, name war **World I**
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **22,**
year **1946** hour **12:05** minute **A** M.
21. I hereby certify that I attended the deceased from **July**
30, 19**46** to **September 22,** 19**46**
that I last saw him alive on **September 22,** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **TUMOR,**
MALIGNANT, RIGHT LUNG; BRONCHOGENIC
CARCINOMA Duration **UNK.**

7. Birth date of deceased **June 9, 1888**
(Month) (Day) (Year)
8. AGE: Years **58** Months **3** Days **14** If less than one day
hr. min.

Due to **47c**
Due to _____
Other conditions **PNEUMONIA, TERMINAL** **unk.**
(Include pregnancy within 3 months of death)

9. Birthplace **Columbia, Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Clerk**

Major findings: **No Operation** **PHYSICIAN**
Of operations _____
Of autopsy **No Autopsy**
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name **Unknown** **9**
13. Birthplace **Unknown** (State or foreign country) **1**
14. Maiden name **Unknown**
15. Birthplace **Unknown** (State or foreign country) **9**

16. (a) Informant **Registrar, Vet. Adm. Hosp.,**
(b) Address **Jefferson Barracks, Missouri**
17. (a) **Burial** (b) Date thereof **9-25-46**
(Burial, cremation, & removal) (Month) (Day) (Year)
Columbia, Ill.
(c) Place: burial or cremation **Paschedag-Henke Fun. Ser.**
18. (a) Signature of funeral director _____
(b) Address **St. Louis, Missouri**
19. (a) **9-25-46** (b) **Rush Allen MD**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No.**
(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 _____? (Specify type of place) _____ (g) Means of injury **0**
23. Signature **E. STILWELL, M.D.** (M. D. or other) **0**
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **9-23-46**

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

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.....

J. Allen Davis
.....
Licensed Embalmer No. *4053*
.....
P. O. Address *St. Louis*
.....

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.