

S. No. 2
M-5-43
7. 5-17-39
p I X3867

State File No. _____
Registrar's No. **8159**

FILED SEP 30 1946
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 **St. Louis**

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

(c) Name of hospital or institution:
3825 S. Grand Blvd. /
(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 **Missouri** (b) County **Boon**

(c) City or town **St. Louis** **2417**
(If outside city or town limits, write "RURAL")

(d) Street No. **3825 S. Grand Blvd** **9**
(If rural, give location) **0**

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Estelle Franz**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lorenc Franz**

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **Jan. 10th 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 **8** **13** hr. min.

9. Birthplace **White Hall Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Arne**

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

14. Maiden name **Mary Williamson**

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

16. (a) Informant **Lorence Franz**

(b) Address **3825 S. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **9 -25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sun Set Burial Prk.**

18. (a) Signature of funeral director **Wingbermuehle Funeral Home**

(b) Address **3819 S. Grand Blvd.**

19. (a) **SEP 23 1946** (b) **J. F. Brudeck**
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9th** day **22nd**
year **1946** hour **3/45 P.M.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Cerebrosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **3**

23. Signature **Edward J. Brudeck** (M. D. or other) **3**

Address **_____** Date signed **9/23/46**

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 Ketter*
Licensed Embalmer No. *3880*
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.