

No. 2  
-12.45  
5-17-39  
I X47070

State File No. 11919  
Registrar's No. 783

FILED APR 14 1947

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5132 Cologne Ave.  
(If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM FRANZ

3. (b) If veteran, name war None

3. (c) Social Security No. 489-01-4959

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1947 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Feb 3 1947 to Apr 3 1947 that I last saw him alive on Apr 2 1947 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 Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 14 1879  
(Month) (Day) (Year)

Immediate cause of death Influenza Duration 3 days

Due to \_\_\_\_\_

Due to 930

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

Other conditions: Chr. Myocarditis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired (4 Yrs.)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business McDonnell Aircraft Corp.

12. Name Servatis Franz

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

14. Maiden name Unknown

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

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? \_\_\_\_\_

16. (a) Informant Mrs. C. Marshall

(b) Address 5205 Walsh St.

17. (a) Burial (b) Date thereof 4 5 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature W. Denny (M. D. or other) med  
Address Creve Coeur, Mo. Date signed 4-14-47

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 4-7-47 (b) Cecilia E. Shapiro  
(Date received local registrar) (Registrar's Signature)

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**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**