

FILED JUN 14 1947
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5568

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
825 North Kingshighway
(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)

3. (a) PRINT FULL NAME Melbert F. Franzlau

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498 01 5016

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Franzlau 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. 22nd. 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Dry Cleaner

11. Industry or business Quality Cleaners

12. Name William Franzlau

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

14. Maiden name Unknown

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

16. (a) Informant Minnie Franzlau

(b) Address 825 North Kingshighway

17. (a) Burial (b) Date thereof 6/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director _____
(b) Address 2849 North Euclid Ave.

19. (a) JUN 5 1947 (Date received local registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 825 North Kingshighway
(If rural, give location)
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th.
6 year 1947 hour 7.05 minute A.M.

21. I hereby certify that I attended the deceased from May 24
1947 to June 9 1947
that I last saw him alive on June 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Coronary

Due to Infarcted

Other conditions 9H
(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 0

23. Signature C. H. Keller (M. D. or D. O.)

Address 3121 No Grand Date signed Mad

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

A. E. H. Kilker
3171 No. Grand Ex 1244

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.....

Licensed Embalmer No. 3553

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.