

No. 2
-12-45
5-17-39
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STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43032

FILED JAN 9 1948

State File No. _____

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 44022

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: Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether 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")
 (d) Street No. 3441 Indiana Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William F. Franke
 3. (b) If veteran, name war ---
 3. (c) Social Security No. 489-01-8466

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 28
 year 1947 hour 12 minute 15 A. M.
 21. I hereby certify that I attended the deceased from November 14,
1947 to December 27th, 1947
 that I last saw him alive on December 28th, 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 Amelia
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased: July 4 1866
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 6 weeks
 Due to Chronic interstitial nephritis 6 mos.
 Due to _____
 Other conditions 12/21/47
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
61 5 24 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Machinist Ferguson Mach. & Tool Co.

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Charles Franke
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Dora Rodenberg
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Franke
 (b) Address 3441 Indiana
 17. (a) Burial (b) Date thereof 12/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Mausoleum

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? _____ Means of injury _____

18. (a) Signature of funeral director Mack Hildebrand
3634 Gravois Ave.
 (b) Address _____
 19. (a) DEC 30 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. PHYSICIAN)
 Address 508 N. Grand Blvd. Date signed 12/29/47

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

mail

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.....
P. O. Address.....

Frank J. [unclear]
12675
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.