

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
15735
15466

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Cely No. 101**)

File No.....
Registered (No. **4700**)
St. Ward)

2. FULL NAME

(a) Residence. No. **13150 Vandeventer St.** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **3** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 27 1874**

7. AGE YEARS **54** MONTHS **1** DAYS **1** IF LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer Painter**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **George J. Franz**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Theresa Wackelmaier**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Maryland**

14. INFORMANT (Address) **Richard C. Stankoff**
City No. 101

15. APR 30 1928 FILED **May 2 Stankoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 27 1928**

17. I HEREBY CERTIFY that I attended deceased from **April 9 1928** to **April 27 1928** that I last saw him alive on **April 27 1928** and that death occurred, on the date stated above, at **12:00 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
a.o.c.

CONTRIBUTORY (SECONDARY) **TOB**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Richard M. Smith, M.D.**
1928 (Address) **City No. 101**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Concordia Cemetery** DATE OF BURIAL **5-1-1928**

20. UNDERTAKER **Diegshamer U.C. Manchester** ADDRESS **7410 S. 7th**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

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