WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 201 — File No. 25762

Township — Primary Registration District No. 1007 — Registered No. 7581

City St. Louis (No. 500 So. Kingshighway St. Ward) St. Louis Childrens Hospital

2. FULL NAME Aloisyus Franz

(a) Residence. No. St Louis St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode) 3948 Randall

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15-1927

7. AGE — YEARS: — MONTHS: 10 DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED ✓ 110A
(a) Trade, profession, or particular kind of work 107A
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 89A
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Bernard FRANZ
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Lang
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Ad Warner
(Address) 500 S. KINGSHIGHWAY

15. FILED JUL 23 1928 (19) Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-22 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-20, 1928, to 7-22, 1928 that I last saw him alive on 7-22-, 1928, and that death occurred, on the date stated above, at 10.05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia - primary
100 A (duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Empyema right, Otitis media bilateral (duration) 0 yrs. 0 mos. ? ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy

(Signed) A. C. Edwards, M. D

7/20, 1928 (Address) 500 S. Kingshighway

*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: S. S. Peter and Paul Cemetery — DATE OF BURIAL: July 24 1928

20. UNDERTAKER: J H Gebhen L and H Co — ADDRESS: 2842 Marmaduke