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

Do not use this space.

7735

1. PLACE OF DEATH
County St. Charles — Registration District No. 157 — File No.
Township " " — Primary Registration District No. 5998 — Registered No. 29
City " " (No. ..... St. ..... Ward)

2. FULL NAME Justus William Frankenfeld
(a) Residence. No. Emmaus, St Charles Mo Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 21 yrs. 4 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-28-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) superintendent Emmaus Asylum
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Casco.
(STATE OR COUNTRY) Franklin Co. Mo.

PARENTS
10. NAME OF FATHER Fredrich Frankenfeld
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna L. Stoemer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bay, Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Thea Stoerker
(Address) St. Charles, Mo.

15. FILED 4/8, 1929 Hy G Bloebaum REGISTRAR
EA

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928 to Feb 16, 1929, that I last saw him alive on Feb. 16, 1929, and that death occurred, on the date stated above, at 5.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights Disease
131
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 1290
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Sympt.
(Signed) A Erich Schulz, M. D
Feb 18, 1929 (Address) St Charles Mo.

*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 Emmaus Cemetery St. Charles Mo.
DATE OF BURIAL 2/20 1929.

20. UNDERTAKER Steinbrinker Furn. Co.
ADDRESS St. Charles, Mo.

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.

WHITE PERINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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