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

Do not use this space.

File No. 25488

Registered No. 7732

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Clara Franke

(a) Residence. No. Union Road RR. 8 St., 24 Ward. Jefferson Barracks Mo.
(Usual place of abode) (If not resident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	20	

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

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

PARENTS

10. NAME OF FATHER Casper Backhaus

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

12. MAIDEN NAME OF MOTHER Mary Brinkmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Co
(STATE OR COUNTRY) Mo

14. INFORMANT Peter Franke
(Address) Union Rd RR. 8 Jeff Bks Mo.

15. FILED AUG -2 1930 19 ..... Mary C Starkel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to July 31, 1930 that I last saw her alive on July 30, 1930, and that death occurred, on the date stated above, at 3.05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
Operation - Hysterectomy -
4C
9 20
1396 (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 4C
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 28-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
(Signed) J. A. Youngman, M. D.
July 31, 1930 (Address) 4602 Gravois

*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	DATE OF BURIAL
Park Lawn Cemetery	8/2 1930
20. UNDERTAKER	**ADDRESS**
C Hoffmeister M & L Co.	1814 S Broadway

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.

WRITE PLAINLY WITH UNFADING INK

4602 [illegible]