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 ..... Registration District No. 191 ~~000~~ File No. 34818

Township ..... Primary Registration District No. ..... Registered No. 6989

City St. Louis (No. 3245 Geyer St. ..... Ward)

2. FULL NAME Emelie Franck

(a) Residence, No. 3245 Geyer St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: William F. Franck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10, 1853

7. AGE: YEARS 79 MONTHS 00 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 1

FATHER
13. NAME: Henry Schoenweisz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Emmelie Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Wm F. Franck 3245 Geyer

18. BURIAL, CREMATION, OR REMOVAL: cremation
PLACE: Valhalla DATE: July 28, 1932

19. UNDERTAKER (ADDRESS): Alexander Ed Sons 6175 Delmar Blvd.,

20. FILED: JUL 27 1932 Max C Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jul 26, 1932, to Jul 27, 19..
I last saw her alive on Jul 26, 1932. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis — Date of onset
930
97 930

Other contributory causes of importance:
Chronic Myocarditis (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) F. Kenbott, M. D.
(Address) 3206 Lafayette Av

Dr Gerity Neuhoff
3206 Lafayette ~~Gr.~~ GL.5715
3-4-17-8