

**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. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Sanitarium)

File No. 24467
Registered No. 5841
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4404 Wallace St. 15 Ward.

(Usual place of abode) (If nonresident, 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 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 Sola Franklin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 19

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Andrew Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

15. MAIDEN NAME Minnie Hertz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT A. Schmiesing (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Disinfect. DATE July 5, 1933

19. UNDERTAKER H. P. ... (ADDRESS) 5216 ...

20. FILED -3 1933 J. G. Bredich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to July 3, 1933
I last saw him alive on July 3, 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane (Syphilis)
Other contributory causes of importance: 34
Date of onset 6/23/33

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? _____
If so, specify _____
(Signed) Clifford A. Schmiesing, M. D.
(Address) 5400 Arsenal

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.

