

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.

41796

JAN 25 1934

**1. PLACE OF DEATH**

County..... Registration District No. 781  
Township..... Primary Registration District No. 1002  
City St. Louis, (No. St. Anthony Hospital)

File No.....  
Registered No. 10838 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Infant Franz

(a) Residence, No. 4517 1/2 Idaho Ave. St. C Ward. (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 Female 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) Dec. 18, 1933.

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

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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.

MOTHER FATHER 13. NAME Anton Franz.

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

MOTHER 15. MAIDEN NAME Olivia Erbs.

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

17. INFORMANT (ADDRESS) Anton Franz 4517 1/2 Idaho Ave

18. BURIAL, CREMATION, OR REMOVAL

S. Peter & Paul Cem. DATE Dec. 18, 1933.

19. UNDERTAKER (ADDRESS) J. H. Kubben S. & U. Co. 2842 Meramec St.

20. FILED DEC 28 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933, to Dec 18 1933.  
I last saw her alive on Dec 18 1933. Death is said to have occurred on the date stated above, at 3:00 A. M.

The principal cause of death and related causes of importance were as follows:

atalectasia 2 lungs  
159  
WIA  
150  
Other contributory causes of importance:  
Pneumonia - 7 1/2 months  
Stillbirth

Name of operation none Date of me

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? no 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) Osca R. Aug. Cluman, M. D.

(Address) 3115 S. Franz

