

MAR 2 3 1936

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. 1008  
City St. Louis, Missouri (No. Lutheran Hospital) St.          Ward)         

File No. 7201  
Registered No. 1616

2. FULL NAME Mrs. Anna Franke

(a) Residence, No. 958 Dover Place St. 1 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 41 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 Mr. Henry Franke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
57 3 7

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) Germany

13. NAME Ehler

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

15. MAIDEN NAME Elizabeth Doellefeld

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. Henry Franke  
(ADDRESS) 958 Dover Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunbar Burial Box DATE February 16, 1936

19. UNDERTAKER Biederwieser Funeral Home, Inc.  
(ADDRESS) 1936 St. Louis Avenue

20. FILED 18 1936 J. A. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1922, to Feb. 15, 1936

I last saw him alive on Feb. 14, 1936. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Chr. Myocarditis, Myocarditis & Pericarditis Date of onset 2 yrs.  
Arterio. Sclerosis

Other contributory causes of importance Renal Hypertension 9/20/35

Name of operation None Date of           
What test confirmed diagnosis? Exam. 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? No  
If so, specify         

(Signed) Dr. Leopold H. Bach, M. D.  
(Address) 3115 P. Street

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.

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