

DEC 12 1935

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

Do not use this space.

37864

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. 4112, West Chester Ave.) St. .... Ward)

File No. 9841  
Registered No. ....

2. FULL NAME George M. Franier

(a) Residence, No. 4112 West Chester Ave. 9 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ann M. Franier (Storied)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1867</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Confectionary Store Prop.</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to Nov. 23, 1935.  
I last saw him alive on Nov. 20, 1935. Death is said to have occurred on the date stated above, at 2:55 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Bright's Disease

Date of onset Sept. 1931

Other contributory causes of importance

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

13. NAME George M. Franier

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mary Ann M. Franier (ADDRESS) 4112 West Chester Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Nov. 26<sup>th</sup> 1935

19. UNDERTAKER Wm. Hermann Son (ADDRESS) 2161 East Fair Ave.

20. FILED Nov 25 1935 19 J. F. Bredeck Registrar.

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

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 None  
(Signed) R. S. Rigler, M. D.  
(Address) 4157 Newstead Av.

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.

