

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

Do not use this space.

26238

SEP 9 1936

1. PLACE OF DEATH

County St. Louis

Registration District No. 318

Township Springfield No. 200

Primary Registration District No. 200

City St. Louis

File No. _____

Registered No. 590

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 120 W. Pacific 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 Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Franke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1867

7. AGE

YEARS 68

MONTHS 9

DAYS 24

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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.

13. NAME Francis Barnett

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

MOTHER

15. MAIDEN NAME Walter Griffin

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

17. INFORMANT (ADDRESS) Thos. Humber, 700 Springfield No.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crematorium

DATE July 12, 1936

19. UNDERTAKER (ADDRESS) James H. White, 1309 Pacific

20. FILED 7-11, 1936

Orchasa George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1936

22. I HEREBY CERTIFY That I attended deceased from 2, 1936, to 7, 1936.

I last saw her alive on 7, 1936. Death is said

to have occurred on the date stated above, at 130 m.

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

Myocardial insufficiency
Hypertensive Cardio-Vascular Disease
Mitral Insufficiency

Date of onset

Other contributory causes of importance:
Encephalomalacia
Generalized arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical. 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? _____

If so, specify _____

(Signed) R. Ned White, M. D.

(Address) Cathedral Bank Bldg.

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.

