APR 9 1937

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 ..... (No. DePaul Hospital. ..... St. ..... Ward)

File No. 10579

Registered No. 3153

2. FULL NAME Henry Franke

(a) Residence, No. 2110 College Ave. St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22. 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	2	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Midwest Laundry Co

10. Date deceased last worked at this occupation (month and year) March 7, 1937

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Unknown Franke

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

MOTHER

15. MAIDEN NAME Florentine Unknown.

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

17. INFORMANT (ADDRESS) Henry Franke Jr. 2110 College Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Mch 23. 1937

19. UNDERTAKER (ADDRESS) Bennett Nichols 1138 No 6th St

20. FILED MAR 22 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1937, to Mar 20, 1937

I last saw him alive on Mar 20, 1937. Death is said to have occurred on the date stated above, at 1.25P m.

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

	Date of onset
JZC	
coronary occlusion	Mar 20 1937

Other contributory causes of importance:

Chronic myocarditis 2 years.
cardiac decompensation Mar 1st 1937

Name of operation no 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) Albert J Motzel, M. D.

(Address) 2743 No Grand Blvd

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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Grand & St Louis
No Co.