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.

JAN 24 1938

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

46658
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 788 2/1
(b) Township Jefferson — Primary Registration District No. 4471 — Registered No.
(c) City W Chester Groves — (d) Street No. 265 South Old Orchard 117 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August H Franke
(a) Residence, No. 265 South Old Orchard St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): Juen 9 1888
7. AGE: YEARS 49 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as saw mill, bank, etc. Cupples Co
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

FATHER
13. NAME: August H Franke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Helene Heimann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Mr. Mettenjay 265 Old Orchard
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Fee Fee Cemetery DATE: Dec 22 1937
19. FUNERAL DIRECTOR (ADDRESS): Beiderwieden F Home Inc 1936 St Louis Ave
20. FILED 12-21-, 1937 Jules R. Yore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:45 P M m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	

Other contributory causes of importance:
Coronary sclerosis
arterio sclerosis

Name of operation: None — Date of —
What test confirmed diagnosis? autopsy — Was there an autopsy? yes

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) John O'Connell M. D.
(Address) Coroner, St Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, [illegible], Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)