

REC'D JUN 7 1938

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

19562

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 20 Registered No. 809  
(c) City ..... (d) Street No. Union Road Route # 8 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

Peter J. Franke 652  
(a) Residence, No. R.R. #8 Union Road 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
63 63 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Self.  
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 Co. Mo.FATHER 13. NAME Carl Franke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Elizabeth Meyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Walter Franke  
(ADDRESS) Rt. #8 Lemay, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Parklawn Cem. DATE May 6 193819. FUNERAL DIRECTOR C. Hoffmeister, U. & L. Co.  
(ADDRESS) 7814 S. Broadway20. FILED 5-5 1938 J. K. Meyer, M.D., P. H.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY That I attended deceased from July 10 1937 to May 3 1938  
I last saw him alive on May 3 1938 Death is said to have occurred on the date stated above, at 2 P. M.

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

Chronic artrod sclerosis 1935  
Chronic Valvular Disease 1934

Other contributory causes of importance: 92W

Cerebral hemorrhage May 3 1938

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) Adam H. Youngman, M. D.  
(Address) 5439 Spravois

Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Adam G Youngmann  
5439 Gravois ave. 1 to 3 pm

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

.....  
L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

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