REC'D JAN 13 1939

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

43015
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin
(b) Township Boeuf
(c) City
(d) Street No. , 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.

Registration District No. 292
Primary Registration District No. 3-410
Registered No.

2. PRINT FULL NAME Mrs. Hermine Frankenberg
(a) Residence, No. 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: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joe Frankenberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9 1883
7. AGE: Years 55 Months 5 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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): Washington Mo

FATHER
13. NAME: Hermn Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Mo

MOTHER
15. MAIDEN NAME: Emma Bucher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Mo

17. INFORMANT (ADDRESS): Joe Frankenberg Neuffauer Mo
18. BURIAL, CREMATION, OR REMOVAL: Catholic Cem
PLACE Washington Mo DATE 12-27 1938
19. FUNERAL DIRECTOR (ADDRESS): L. C. Hertegs Son Neuffauer Mo
20. FILED Dec 27 1938 Jeffie Grauenmann Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 yr. 19 to 12/24 1938
I last saw her alive on 12/24 1938. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	
45	

Other contributory causes of importance:
Hypertension, chronic gall-bladder disease, general arteriosclerosis, adiposity, Diverticulitis Sigmoid
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) G. Toen, M. D.
(Address) Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Earl Fertig, Licensed Embalmer No. 3385

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 L C Fertig

Licensed Embalmer No. 2099

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.)