

REC'D MAR 13 1939

650

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

Do not use this space.

5938

1. PLACE OF DEATH

County Rushmore
Township
City St. Joseph

Registration District No.
Primary Registration District No. State Hosp # 2

File No.
Registered No. 149
St. Ward

2. FULL NAME

Franklin Wade Mzriek

(a) Residence, No. State Hospital # 2 St. Ward.

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? X yrs. mos. ds. (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 widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1856

7. AGE YEARS 82 MONTHS 11 DAYS 1 If LESS than 1 day,hrs. ormin.

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

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) Chicago Ill.

13. NAME Franklin Wade Mzriek

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

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Miss Clark 1311 Mitchell Ave. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Feb. 15th 1939

19. UNDERTAKER (ADDRESS) St. Joseph

20. FILED Feb 17 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

I HEREBY CERTIFY That I attended deceased from D.C. 10, 1938, to Feb. 13, 1939

I last saw him alive on Feb. 13, 1939. Death is said

to have occurred on the date stated above, at 11:15 P. m.

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

Arteriosclerosis with generalized suppurative cellulitis of skin & toxic myocarditis with broncho pneumonia

Other contributory causes of importance: hypertensive congestion and edema of the lungs

Name of operation none other than dressings 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) T. T. O'Neil M. D.

(Address) St. Joseph

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.

WHITE-CARBONET WITH OPAIDING THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

_____, Licensed Embalmer No. 3986
heroby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

or by _____

(Signed)

Registered Apprentice No. _____
John E. Rupp
Licensed Embalmer No. 3986

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