

REC'D MAR 17 1939

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

6478
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township German Primary Registration District No. 4182 Registered No. _____
 (c) City or Village _____ (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. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME Christina Frank

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Fritz Frank
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8-1858
 7. AGE YEARS 80 MONTHS 10 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. Housewife
 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) German
 FATHER 13. NAME Wm. Presche
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Dora Reichardt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) R. D. Presche
 18. BURIAL, CREMATION, OR REMOVAL PLACE German DATE 8/27/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Medign
 20. FILED 2.24 1939 Anna K. Rickhoff Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1939, to Feb. 24, 1939
 I last saw her alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
56 yrs
 Date of onset Jan 1939
 Other contributory causes of importance: Rheumatism
 Name of operation none Date of _____
 What test confirmed diagnosis? General 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? no
 If so, specify _____
 (Signed) H. J. Reichardt, M. D.
H. H. Medign (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. J. S.

....., Registered Apprentice No. 2044
working under my personal supervision.

Signed J. R. Medina

Licensed Embalmer No. 2044

P. O. Address Herman N.

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.)

If this body is not embalmed, above space should be left blank.