S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12966

MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3168

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7
4006 Labadie Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4006 Labadie
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry D. Franck 652

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna C. Franck

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 24 (Day) 1874 (Year)

8. AGE: Years 65 Months 9 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Salesman

11. Industry or business Volz Packing Co. 6

FATHER
12. Name Henry D. Franck
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mikerowa
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Anna C. Franck
(b) Address 4006 Labadie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) APR 8 1940 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1940 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to Apr 2, 1940, that I last saw him alive on April 2, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis following an attack of influenza	5 days
Due to: Anemia	6 years
Due to: Varicose ulcer right leg.	6 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Allen A. Roe (M. D. or other) M.D.
Address 2712 a. N. 14th Date signed 4/4/40.

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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

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