

No. 2
-11-10-39
5-17-39
-1 X2132

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30555

State File No.

7832

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4638 Kennerly Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Albert C. Franke

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Franke 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 8th, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Franke

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Just

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Franke

(b) Address 4638 Kennerly

17. (a) Burial (b) Date thereof 9/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.

(b) Address 3402 N. Kingshighway

19. (a) SEP 20 1940 (b) J. B. Brundage

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4638 Kennerly Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 1940 to _____, 1940;

that I last saw him alive on Sept 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration Duration _____
Cardiac Failure in
efficiency

Due to not known

Due to _____

Other conditions Chronic Prostate
(Include pregnancy within 3 months of death)

Major findings: by pathology
Of operations none

Of autopsy none

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) (e) Means of injury _____

23. Signature Joseph H. Sipe (M. D. or other) 418

Address 705 Olive St Date signed 9/19/40

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

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 Gay 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 with the above constitutes grounds for revocation of license.)

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