DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39842

Registration District No. 784 — Primary Registration District No. 260 — Registrar's No. 2149

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 8/23/40. (Specify whether years, months or days)

In this community - 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.,

(c) City or town LeMay (If outside city or town limits, write "RURAL")

(d) Street No. 134 West Arlee (If rural, give location)

0

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

3. (a) PRINT FULL NAME Henry C. Franz

3. (b) If veteran, name war World War

3. (c) Social Security No. 486-18-6415

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adel

6. (c) Age of husband or wife if alive Unknown 43 years

7. Birth date of deceased May (Month) 31 (Day) 1886 (Year)

8. AGE: Years 54 Months 5 Days 12 If less than one day ___ hr. ___ min.

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

10. Usual occupation WPA Work. 0

11. Industry or business - 9

FATHER
12. Name Frederick Franz 9
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 15-40 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C Hoffmeister W.L.C.

(b) Address 7814 S. BROADWAY

19. (a) NOV 14 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th, year 1940 hour 12:15 minute p. M.

21. I hereby certify that I attended the deceased from August 23, 1940, to November 12, 1940; that I last saw him alive on November 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic disease of the heart with marked adhesive pericarditis,	
Due to myocardial and aortic valve damage.	Unknown
Due to	
Other conditions Tabes dorsalis. (Include pregnancy within 3 months of death) 80	Unknown

Major findings:
Of operations -
Of autopsy Autopsy performed.

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 C. W. HUGHES, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 11/12/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.