

S. No. 2
M-5-42
5-17-39
PI 12274

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11728

State File No. _____

ED MAR 16 1943
360

Registration District No. _____

Primary Registration District No. 6225

Registrar's No. 26

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: State Hosp # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 9 months
(Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County _____

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

(d) Street No. 5795 McChesney
(If rural, give location)

(e) Citizen of foreign country? e (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward Franz

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1943 hour 9 minute 05 AM

21. I hereby certify that I attended the deceased from Dec 1
1940 to Feb 8 1943
that I last saw h alive on Feb 8 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Marie Thelma Franz

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 19 1876
(Month) (Day) (Year)

Duration

Immediate cause of death Huntington's Chorea

Due to Generalized arteriosclerosis

Due to _____

Other conditions g 7e
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

66 4 20 hr. min.

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

10. Usual occupation Salesman

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name Henry W. Franz

13. Birthplace Bullington, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mathernie Franz

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

16. (a) Informant Steph Reed

(b) Address _____

17. (a) Removal (b) Date thereof 2 8 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Allen V Hays

(b) Address Msuda Mo

19. (a) 2-8-43 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm. J. Cremer (M. D. or other)

Address Msuda Date signed 2-8-43

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

MAK BY 10/10

RECEIVED

District Health Officer No. 7,

District File Number 1-43-150

Date Filed 2-26-43

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 H. H. Marmaduke
Licensed Embalmer No. 2070
P. O. Address Quada, Mo.

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, fact should be so stated above.