S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31879

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9543

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: 1514 College 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 MO (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 College
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary A, Franzen
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christopher Franzen
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Oct. 21 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	0	13	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
10. Usual occupation Housework
11. Industry or business
12. Name Gerhardt Ubben (FATHER)
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Christina Heemann (MOTHER)
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Christopher Franzen
(b) Address 1514 College Ave 1945
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 th (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Kod
(b) Address 3516 N k4 Th
19. (a) NOV 1 1945 (Date received local reg.) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1945 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from Oct 31 1945 to Nov 3 1945 that I last saw her alive on Nov. 3 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 4 d.
Due to Age & arterio sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

107

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 J. Dean (M. D. or other)
Address 4952 Maryland Date signed 11-3-45

(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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.