

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3512**  
Registrar's No. **129**

FILED JAN 27 1947

Registration District No. **37** Primary Registration District No. **6076**

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

1. PLACE OF DEATH **St. Louis**

(a) County **Jennings**

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

(c) Name of hospital or institution:  
**8933 Jennings Road**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **69 years** (Specify whether years, months or days)

In this community **69 years**

3. (a) PRINT FULL NAME **ANNA L. FRANKE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Henry Franke**

6. (c) Age of husband or wife if alive **1877** years

7. Birth date of deceased **July 4, 1877**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **15**  
If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business

12. Name **Conrad Oxmann**

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

14. Maiden name **Anna Vosse**

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

16. (a) Informant **John H. Franke**

(b) Address **8933 Jennings Road**

17. (a) **Burial** (b) Date thereof **1-22-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **M. Alcock**

(b) Address **2117 East Grand Blvd.**

19. (a) **1-21-47** (b) **Ruth J. Allen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Jennings** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8933 Jennings Road** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **January** day **19th**  
year **1947** hour **6** minute **45** P. M.

21. I hereby certify that I attended the deceased from **1/13/47**  
to **1/19/47**, 19**47**  
that I last saw her alive on **1/19/47**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **94a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **0**

23. Signature **Ruth J. Allen** (M. D. or other) **0**

Address **8321 Broadway** Date signed **1/20/47**

Dr. Geo. Chapin  
Church Rd.  
8321 N. Broadway  
So. 7832

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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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**