. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 22 1948

Registration District No. 916

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

past State File No. 19100

Primary Registration District No. 3020

Registrar's No. 87

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis D
(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: 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. - (b) County: Franklin.
(c) City or town: Washington
(If outside city or town limits write "RURAL")
(d) Street No.: 315 State Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none -

3. (a) PRINT FULL NAME: WILLIAM HENRY FRANKENBERG
3. (b) If veteran, name war: no. -
3. (c) Social Security No.: 493-01-0431
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ida Frankenberg
6. (c) Age of husband or wife if alive: 59 - years
7. Birth date of deceased: January (Month) 24 (Day) 1881 (Year)

8. AGE: Years 67 Months 4 Days 21 If less than one day - hr. - min.

9. Birthplace: Krakow (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Shoe worker
11. Industry or business: Sh. Shoe.
FATHER
12. Name: Fred Frankenberg.
13. Birthplace: not known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Louise Benholz
15. Birthplace: not known (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Jane Frankenberg
(b) Address: Washington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Mo.
18. (a) Signature of funeral director: Otto Co -
(b) Address: Washington Mo.
19. (a) June 17, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1948 hour 1:15 minute A M.
21. I hereby certify that I attended the deceased from March 1, 1947 to June 15, 1948 that I last saw him alive on June 15, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Adenocarcinoma of the bowel.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: [illegible] M.D. (M.D. or other)
Address: Washington Mo. Date signed: 6/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 6,
District File Number JUN 21 1948
Date Filed

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 Maurice H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.