

308
-47
-39
3908

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34136
Registrar's No. 9319

FILED NOV 6 1948 318
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri

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

(c) Name of hospital or institution:
4614 San Francisco Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William A. Franke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hulda Franke nee. Hummel

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 6th, 1884
(Month) (Day) (Year)

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

<u>64</u>	<u>8</u>	<u>20</u>	hr. min.
-----------	----------	-----------	----------

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

10. Usual occupation Watchman

11. Industry or business International Shoe Company

12. Name August Franke

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

14. Maiden name Helena Hymann

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

16. (a) Informant Mrs. Hulda Franke

(b) Address 4614 San Francisco Avenue

17. (a) Burial (b) Date thereof 10/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) OCT 28 1948 (b) J B Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4614 San Francisco Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1948 hour 10 minute 45 P M

21. I hereby certify that I attended the deceased from Feb 1948
to Oct. 26 1948
that I last saw him alive on Oct. 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>Bronchopneumonia</u>	<u>12 hrs</u>
Due to <u>myocardial disease</u>	<u>1 yr.</u>
<u>with decompensation</u>	
Due to <u>Cirrhosis of the Liver</u>	<u>1 yr.</u>
Other conditions <u>arteriosclerosis</u>	
(Include pregnancy within 3 months of death) <u>gynecological</u>	
Major findings: Of operations _____	PHYSICIAN
Of autopsy <u>T. H.</u>	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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature C. Rush McClellan, M.D.
Address 906 Olive Date signed 10-28-48

ST. LOUIS, MO

Frisco Bldg.,
8:00 A. M. to 2:00 P. M.

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 John A. Mlenoi

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.