

FILED SEP. 20 1950

STANDARD CERTIFICATE OF DEATH

State File No.

31445

BIRTH NO. _____		REG. DIST. NO. <u>308</u>		PRIMARY REG. DIST. NO. <u>6049</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>0362</u>			
b. CITY OR TOWN <u>Matson, Mo</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Washington, Mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Habert</u>			a. (First) <u>John</u>			b. (Middle) <u>Frankenberg</u>	
c. (Last) <u>Frankenberg</u>			4. DATE OF DEATH <u>Sept. 2, 1950</u>		(Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>No</u>		8. DATE OF BIRTH <u>March 6, 1909.</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>		IF UNDER 48 Hrs. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmhand.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Fred Frankenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Regina Brinkmann</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-20-4258</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Washington</u> ADDRESS <u>Washington</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES				DUE TO (b) <u>Knife Wound</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Matson St. Charles Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 2 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide</u>			
22. I hereby certify that I attended the deceased from <u>held inquest on Sept 2, 1950</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 2, 1950</u> , 19 <u>50</u> , and that death occurred at <u>Matson, Mo.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>3</u> <u>Miss Minnie Coroner</u>			23b. ADDRESS <u>Wentzville, Mo</u>			23c. DATE SIGNED <u>19-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 5, 1950</u>		REGISTRAR'S SIGNATURE <u>399</u> <u>Mrs. Viola Kluesmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.C. Ribury</u>		ADDRESS <u>Washington, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
SEP 10 1950
DISTRICT HEALTH OFFICE NO. 4
File No.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. C. Niburg*

Licensed Embalmer No. *2387*

P. O. Address *Washington, 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.