MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11436

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City ..... (No. 2605 Lafayette Ave. St. ..... Ward)

File No. ..... Registered No. 3278

2. FULL NAME Anna Columbia Frank

(a) Residence. No. 2605 Laffayetta Ave. St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Frank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 7 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Atlantic Ocean

PARENTS

10. NAME OF FATHER August Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Victoria

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) England

14. INFORMANT Mrs M. Thebus
(Address) 2605 Lafayette Ave

15. FILED MAR 23 1928 Judy C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1928

17. I HEREBY CERTIFY That I attended deceased from June 1, 1927, 19.. to March 20, 1928 that I last saw her alive on March 20, 1928, and that death occurred, on the date stated above, at 12 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
131
93 e
95 B (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis 3 yrs
Chronic Interstitial nephritis (duration) ..... yrs. ..... mos. ..... ds. 10 yrs.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 29 01

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) W. G. Krenning M.D

March 24 1928 (Address) 4548 Harris Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive

DATE OF BURIAL 3/23 1928

20. UNDERTAKER South

ADDRESS 7315 S Bdy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.