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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701

Township..... Primary Registration District No. 1003

City St. Louis (No. #63 Vandeventer Place St. ..... Ward)

File No. 28929

Registered No. 8433

2. FULL NAME Frances F. Galt

(a) Residence. No. #63 Vandeventer St. Place Ward 19
(Usual place of abode) (If nonresident give city or town and State)

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 Smith P. Galt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6th, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81.	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) Lancaster
(STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER Thos E. Frankle

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

12. MAIDEN NAME OF MOTHER Serena Mayer

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

14. INFORMANT Chas. F. Galt.
(Address) 4505 Pershing Ave

15. FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 19th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Aug. 18, 1928, that I last saw he alive on Aug. 18, 1928, and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion and Extreme Neurasthenia
CO & B (duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Pleurisy with effusion (cch. rite) (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray.
(Signed) Frances R. Pitten, M.D.
Aug. 19, 1928 (Address) 5233 Westmoreland

*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 Bellefontaine Cem — DATE OF BURIAL 8-20-1928.

20. UNDERTAKER F. R. Rupton. — ADDRESS Olive Street #4449

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

at 1:oclock
5233 Waterman
today