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

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.

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

Do not use this space.

43181

File No. .....

Registered No. 12487

1. PLACE OF DEATH

County ..... Registration District No. 7911

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

City ..... (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Frances Hart

(a) Residence. No. 4019 Shaw Ave St., 17 Ward. .....
(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	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF —
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	—	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Germany

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ralph V. Hart
(Address) 3968 Lafayette ave.

15. DEC 21 1928 Filed ..... 19..... Guy C. Stanley Registrar

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 21, 1928, that I last saw her alive on Dec 20, 1928, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia (Hypostatic)
Complicated from lying down position
106 A
1925
1928 A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Fracture right Hip (Fall at home Rose floor accident (duration) yrs. mos. 21 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? Symptoms —
(Signed) Edward Bennet, M. D
12-21, 1928 (Address) 1504 So Grand Blv

*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 Calvary — DATE OF BURIAL Dec 22 1928

20. UNDERTAKER M. J. Posecky Sons Co. — ADDRESS 1905 S Grand Blvd