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

Do not use this space.

12174

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 789

Township: Centralia — Primary Registration District No.: 608888

City: (No.) 1297 Delaware Ave. St. (Ward)

File No.:

Registered No.: 96

2. FULL NAME: Frank Emmett

(a) Residence. No. 1297 Delaware Ave St., 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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Emmett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): Ozark Cleaning & Dying Co
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs Mary Emmett
(Address): 1297 Delaware Ave

15. FILED 3/23, 1929 Nella Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to March 22, 1929, that I last saw alive on March 21, 1929, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Aneurisma
Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Syphilis
(duration) 20 yrs. 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? Physical Findings

(Signed) Fred J Bulle, M. D
3/22, 1929 (Address) 6125 Bartmer

*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: Valhalla Cem — DATE OF BURIAL: 3-23 1929

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave

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.

96 9 248 2 31 31

6/2[illegible] Bartons