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.

38831

1. PLACE OF DEATH

County ..... Registration District No. 201

Township ..... Primary Registration District No. [illegible]

City St Louis (No. 1332 Laurel Ave St. ..... Ward)

File No. .....

Registered No. 11270

2. FULL NAME William J. Frable

(a) Residence. No. 1332 Laurel Ave St., 5 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)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Anna Frable

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painting & Decorating

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Soloman Frable

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

12. MAIDEN NAME OF MOTHER Mary Shawl

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

14. INFORMANT Mr. Wm. B. Frable
(Address) 1332 Laurel Ave.

15. FILED NOV 19 1929 19 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928 to Nov 17, 1929 that I last saw him alive on Nov 17, 1929, and that death occurred, on the date stated above, at 6.40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

8 V A

(duration) 1 yrs. 10 mos. 9 ds.

CONTRIBUTORY (SECONDARY) none

(duration) ..... 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? Clinical

(Signed) W. E. Harrel, M. D.

11/18, 1929 (Address) 5994 Plymouth

*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	DATE OF BURIAL
Oak Grove Cemetery	11-20 1929
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton ave

Dr Tapral
5994 Plymouth Ave
9 to 11