

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

Do not use this space.

~~20585~~
20587

1. PLACE OF DEATH
 County..... St. Louis Registration District No. 1166
 Township..... Central Primary Registration District No. 4470
 City..... Clayton (No. 7012, Kingsbury) St. _____ Ward) _____
University City

2. FULL NAME..... J. William Frank
 (a) Residence. No. 7012 Kingsbury 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.

File No. _____
 Registered No. 56

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian J. Oppenheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
<u>39</u>	<u>2</u>	<u>6</u>	<u>6</u>	<u>hrs. or min.</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work..... Neckwear Mfg.
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Charles
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Julius Frank

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

12. MAIDEN NAME OF MOTHER Jennie Michael

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

14. INFORMANT..... Wm J. W. Frank
 (Address) 7012 Kingsbury

15. FILED 6/21 30 Lena V. Moeller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1929, to June 20, 1930 that I last saw him alive on June 20, 1930, and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Tongue
1035
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hemorrhage (acute)
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 1929
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic
 (Signed)..... Ellis Fisher M. D.
 , 19 _____ (Address) 402 West 10th St

*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 Mt. Sinai **DATE OF BURIAL** 6/22 1930

20. UNDERTAKER Mayer **ADDRESS** 4356 Lindell

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.

