

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

Do not use this space.

37964

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 3003
City St. Louis (No. 1605 S 11 St)

File No.
Registered No. 11114
St. Ward)

2. FULL NAME

Lena Fronick
(a) Residence. No. 1605 S 11 St St. 23 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Fronick</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 2 - 1852</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Home wife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

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

10. NAME OF FATHER Charles Stadek

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

12. MAIDEN NAME OF MOTHER Antonson

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

14. INFORMANT J. H. Fronick
(Address) 1605 S 11 St

15. FILED NOV 24 1939 Max O. Stankov REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Bohemia, 1930, to November 21, 1930, that I last saw her alive on November 19, 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma hepatic

4168 (duration) 0 yrs. mos. ds.
CONTRIBUTORY (SECOND BY) 446 (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
(Signed) Chas. D. Kershner M. D.
Nov 24 1930 (Address) 3232 Lafayette

*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 St. Peter & Paul DATE OF BURIAL Nov 24 1930

20. UNDERTAKER Ann. E. Moydell ADDRESS 1926 1/2 Ave

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

