

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

Do not use this space.

3225

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. 442

Township.....

Primary Registration District No. 11125 River View Drive

Registered No. 442

City St. Louis

(No. 11125 River View Drive)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dorothea May Frauch

(a) Residence. No. 11125 River View Drive 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27<sup>th</sup> 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 8 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Oscar Frauch

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

12. MAIDEN NAME OF MOTHER Valeria Frauch

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

14. INFORMANT Oscar Frauch  
(Address) 11125 River View Drive

15. FILED JAN 12 1931 Max C. Hawley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 11, 1931, that I last saw her alive on Jan 10, 1931, and that death occurred, on the date stated above, at 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diphtheria similar  
10

CONTRIBUTORY (SECONDARY) Diphtheria Bacilli  
(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 ABORT? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Signs

(Signed) H. F. Hubler, M. D.  
111, 1931 (Address) 840 N. Broadway

\*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 Cemetery DATE OF BURIAL Jan 13<sup>th</sup> 1931

20. UNDERTAKER Edward Koch ADDRESS 3516 4<sup>th</sup> 14<sup>th</sup>

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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