Walter Jones.

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

Do not use this space.

File No. 42548
Registered No. 12466

1. PLACE OF DEATH

County ..... Registration District No. 781
Township ..... Primary Registration District No. 1013
City St Louis (No. 4443, Pennsylvania Ave St. ..... Ward)

2. FULL NAME Frank J. Dolde

(a) Residence, No. 4443 Pennsylvania St., 15 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 Rose M Dolde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 — 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mallinckrodt Co

10. Date deceased last worked at this occupation (month and year) 9 mo. 11. Total time (years) spent in this occupation 31 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Christian Dolde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katharine Bridelfey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Rose M. Dolde 4443 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Peter's Cem DATE Dec 18, 1931

19. UNDERTAKER (ADDRESS) J. H. Belkum 2842 Meramec St.

20. FILED Dec 17 1931, 19.... Mary C. Hardin Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1931, to 12/14, 1931

I last saw him alive on 12-13, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	?
131	2 yrs. m
92	my History
131	

Other contributory causes of importance:

Chron. Parenchymatous nephritis	11

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter M. Jones, M. D.

(Address) 3400 Meramec

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.