

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

Do not use this space.

6098

1. PLACE OF DEATH

County.....

Registration District No. *1532*

Township.....

Primary Registration District No. *1532*

City *St. Louis* (No. *18433*)

City *Hospital*

File No.
Registered No. **1104**
St. Ward)

2. FULL NAME

Frank Thomas

(a) Residence, No. *4140 West Pine 19* Ward.

Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 22 - 1911*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman 183*

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME *J. W. Thomas*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

15. MAIDEN NAME *May Grabwitz*

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

17. INFORMANT (ADDRESS) *Hospital Information Service 3024 Lafayette Ave. City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Peter Paul Cem. Feb 3 - 1932*

19. UNDERTAKER (ADDRESS) *Petz Bros. 3024 Lafayette Ave*

20. FILED *EEB - 2 1932*

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 12 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 30th 1932*, to *Feb. 12th 1932*. I last saw him alive on *Feb. 12th 1932*. Death is said to have occurred on the date stated above, at *3:15 p.m.*

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

133 B
Acute Cardiac Malaction
Infarcts of lungs & kidney (left)

Other contributory causes of importance:
133 B
Name of operation *none* Date of *1/23*
What test confirmed diagnosis *chemical* Was there an autopsy? *Yes*

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?
If so, specify _____ (Signed) _____ M. D.
(Address) *City Hosp.*

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.

