

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.

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

Do not use this space.

791
1009

14125

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis. (No. St. Anthony Hospital.) St. Ward)

File No.....
Registered No. 3456

2. FULL NAME

Katherine Frommann.

(a) Residence, No. 2844 Keokuk St. St. 24 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home/ 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) England. 8

FATHER 13. NAME Patrick Barrett.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

MOTHER 15. MAIDEN NAME Emilie Lynch.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Ed Frommann
2844 Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Ceme. DATE Apr. 9, 1932.

19. UNDERTAKER (ADDRESS) J. A. Gibken, Pr & Co.
2842 Metamco St.

20. FILED PR - 8 Max E. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to April 7, 1932
Last saw him alive on April 6, 1932 Death is said to have occurred on the date stated above, at 9:15 A. m.

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

Cancer of Uterus

Date of onset

Other contributory causes of importance: none

Name of operation Radium applied Date of

What test confirmed diagnosis? Was there an autopsy?

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) R. C. H. ... M. D.

(Address) 2836 S. Keokuk St.

