

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

Do not use this space.

14525

**1. PLACE OF DEATH**

County ..... Registration District No. 70  
 Township ..... Primary Registration District No. 10  
 City ..... (No. 2931, Sullivan) ..... St. .... Ward) .....

File No. ....  
 Registered No. 3911

**2. FULL NAME**

Frank G. Lederle  
 (a) Residence, No. 2931 Sullivan St., 10 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Lederle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-15-1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>5</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Meat Cutter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>148</u>
	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

MOTHER FATHER 13. NAME Julius Lederle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germigny Mo

MOTHER FATHER 15. MAIDEN NAME Josephine Straub

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

17. INFORMANT (ADDRESS) Elizabeth Lederle 2931 Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/22 1932

19. UNDERTAKER (ADDRESS) H. A. Stark Med Co 215 E. 5th St

20. FILED APR 21 1932 Registrar

**(1) MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931 to April 13 1932

I last saw him alive on April 13 1932 Death is said to have occurred on the date stated above, at 145a m.

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

Carcinoma (esophagus) Date of onset June 1931

HbA 460

Other contributory causes of importance: 0

Name of operation ..... Date of .....  
 What test confirmed diagnosis? X-ray 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? .....  
 If so, specify .....

(Signed) Ray M. Duffley, M. D.  
 (Address) 1432 N. Maple

MARGIN RESERVED FOR BINDING  
 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.

Av. J. P. ...  
1432 W ...  
... - 7-9  
... 2661

12-4-1900  

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27-4-15