

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

Do not use this space.

27466

1. PLACE OF DEATH

County

Registration District No. **791**
1003

Township

Primary Registration District No.

City **St. Louis**

(No. **Jewish Hospital**)

File No.

Registered No. **7273**

St. Ward)

2. FULL NAME Bernard Frankel

(a) Residence, No. 704 Leland av.,
(Usual place of abode)

St., 12 Ward.

University City, Mo.

(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hannah Adams Frankel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1870-7-1**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Furrier** 17 5

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

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) **Germany**

13. NAME **Loses Frankel**

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

15. MAIDEN NAME **Rosalie Feibush**

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

17. INFORMANT (ADDRESS) **Mrs. H. T. Berger**
4715 Ingherson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **lt. Olive (Jewish)** DATE **8/8/32**

19. UNDERTAKER (ADDRESS) **Clayton Road at Concordia Lane**

UG-7-1932
20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6th, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 14th**, 1932 to **August 6th**, 1932

I last saw him alive on **August 6th**, 1932. Death is said to have occurred on the date stated above, at **11:10 a.m.**

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

Cancer of Stomach Date of onset **3 m**
46
12 9 4 6 12

Other contributory causes of importance:

Intestinal obstruction (adhesion)

Name of operation **Resection** Date of **7.15.32**

What test confirmed diagnosis? **autopsy**. 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) **Willard Brantley**, M. D.

(Address) **Metropolitan Bldg.**

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.

