

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

Do not use this space.

030414

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 5047 A Bancroft Ave) St. Ward.....

File No.
Registered No. **8065**
St. Ward.....

2. FULL NAME Frances V. Gimpel

(a) Residence, No. 5047 A Bancroft Ave St. 17 Ward.....

(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 <u>Female</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>Earl H. Gimpel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13, 1902</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife 93</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>111</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... <u>114</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo 1</u>		
FATHER	13. NAME <u>Frank Radomski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Rose Kalkouski</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Earl H. Gimpel 5047 A Bancroft Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calmery Cem</u> DATE <u>9-6</u> 1932		
19. UNDERTAKER <u>Friz & Hansen Mortuaries</u> (ADDRESS) <u>4218 No. Third St. St. Louis</u>		
20. FILED <u>SEP -6 1932</u> <u>Earl Gimpel</u> Registrar.		

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1932, to September 3, 1932
I last saw her alive on September 3, 1932. Death is said to have occurred on the date stated above, at 5:45 A.M.
The principal cause of death and related causes of importance were as follows:
Septicemia, Bacteremia, Eczema, Septic, septic thrombus infection of leg, lung abscess, Thrombophlebitis, left leg. Undulant fever Date of onset August 6.

Other contributory causes of importance:
Chronic pyelitis, Pulmonary edema Sept 2.

Name of operation 932 Date of
What test confirmed diagnosis? Culture of sputum in case 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) Francis J. Wenzel, M. D.
(Address) 3831 So. Kingshighway

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.

3-7-7-8

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