

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. ⁷⁰¹ 7003
Township Primary Registration District No.
City *St. Louis* (No. *City Hospital*)

File No. **21230**
Registered No. **5006**
St. Ward)

2. FULL NAME

2470
(a) Residence, No. *2538* St. *Palm 20* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *27* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 11th 1888*
7. AGE YEARS *54* MONTHS *9* DAYS *26* IF LESS than 1 day, hrs. or min.

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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belleville Illinois*

FATHER 13. NAME *Andrew Frick*

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

15. MAIDEN NAME *Frances Stauffer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Belleville Illinois*

17. INFORMANT (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Graves* DATE *June 10, 1933*

19. UNDERTAKER (ADDRESS) *H. J. Leidner and Co. 1427 N. Market St.*

20. FILED *Jun 14 1933* *J. A. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 6th, 1933*
22. I HEREBY CERTIFY, That I attended deceased from *May 14th, 1933*, to *June 6th, 1933*
I last saw her alive on *June 6th, 1933* Death is said to have occurred on the date stated above, at *10:40 P.M.*
The principal cause of death and related causes of importance were as follows:
Date of onset

Bilateral Pyelonephritis
Diabetes Mellitus
Chr Myocarditis
Other contributory causes of importance: *None*
Name of operation Date of
What test confirmed diagnosis? *Clinical* 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) *Wm. J. Beck* M. D.
(Address) *City Hospital*

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.

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