

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

Do not use this space.

**23629**

**1. PLACE OF DEATH**

55 County Lamar  
5 Township Pine  
6 City Pine City (No. ....)

Registration District No. 471  
Primary Registration District No. 4284

File No. ....  
Registered No. 27 St. .... Ward)

**2. FULL NAME**

Barbara Frankel

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antone Frankel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) 7-2-33 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME Joseph Marilich

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

15. MAIDEN NAME Eva Hausman

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

17. INFORMANT Mrs Fred Koubert (ADDRESS) Pine City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE July 10, 1933

19. UNDERTAKER Wm Wessell Jr (ADDRESS) Pine City, Mo

20. FILED 7/9, 1933 Thomas Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 6, 1933  
I first saw him alive on July 6, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

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

Acute Emphysema with Date of onset 7/6/33  
100% Metastases.  
930 188  
Other contributory causes of importance:  
Hypertension  
Myocarditis  
Traumatic due to being  
struck by a car 7/2/33

Name of operation Phy 2 sub Date of 7/2/33  
What test confirmed diagnosis? Phy 2 sub Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 7/2/33

Where did injury occur? Pine City, Mo. in home  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
at home in street car!

Manner of injury Struck by a car  
Nature of injury traumatic contusion on left  
about chest and ribs

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify -  
(Signed) H. Ross Clark, M. D.  
(Address) Pine City, Mo

