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

Do not use this space.

File No. 24317

Registered No. 204

1. PLACE OF DEATH

County: St Louis — Registration District No. 789

96 Township: Central — Primary Registration District No. 6033 3

City: Wellston (No. 1542 Lula Ave St. Ward)

2. FULL NAME: Agnes Laura Frank

(a) Residence, No. 1542 Lula Ave St., Ward.
(Usual place of abode) (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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 26 1906

7. AGE: Years 26 Months 7 Days 18 If LESS than 1 day, ...hrs. or ....min.

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

13. NAME: John Audrain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

MOTHER

15. MAIDEN NAME: Nellie Peirce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muscatine Iowa

17. INFORMANT (ADDRESS): Henry Frank 1542 Lula Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: St Peter & Paul DATE: July 17, 1933

19. UNDERTAKER (ADDRESS): Geo W. Clark 1125 Hodiamont Ave

20. FILED: 7-18-, 1933 Nella Bragg M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to July 14, 1933

I last saw her alive on July 13, 1933. Death is said to have occurred on the date stated above, at 10:35 P.m.

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

	Date of onset
49	
49B	
49 Sarcomatosis	October 1932
(Lymphoblastoma)	

Other contributory causes of importance:

Originating in posterior vaginal wall.

Name of operation: no Date of: —

What test confirmed diagnosis? Biopsy 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) Albert J. Mobel, M. D.

(Address) 2743 No Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 to 2
2748 N Grand