

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

Do not use this space.

**28061**

**1. PLACE OF DEATH**

County ..... Registration District No. .... File No. ....  
 Township ..... Primary Registration District No. .... Registered No. **7141**  
 City **St. Louis** (No. **City Hospital**) St. .... Ward) **7**  
**1804** **St. Louis** **City Hospital**

**2. FULL NAME** **George Frank**  
 (a) Residence, No. **1106 1/2 Washington** Ward. **26**  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** **Male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** **Single**  
**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **June 24 1933**  
**7. AGE** YEARS MONTHS DAYS **Weeks** **IF LESS than 1 day, hrs. or min.**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** \_\_\_\_\_  
**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 Mo.**

**13. NAME** **George Frank**

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Jefferson Mo.**

**15. MAIDEN NAME** **Clara Courtney**

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Washington Mo.**

**17. INFORMANT (ADDRESS)** **Dr. J. M. Hunt City Mo.**

**18. BURIAL, CREMATION, OR REMOVAL PLACE** **St. Hope Cem** **DATE** **Aug 20 1933**  
**Frank County Mo.**

**19. UNDERTAKER (ADDRESS)** **By Ludwig and Co 1417 N. Market St.**

**20. FILED** **Aug 19 1933** **J. F. Brebeck Registrar.**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **8-18**, 19**33**

**22. I HEREBY CERTIFY, That I attended deceased from** **8-12**, 19**33** to **8-18**, 19**33**  
 I last saw h. **alive on** **8-18**, 19**33** Death is said to have occurred on the date stated above, at **8:50** a.m.

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

Other contributory causes of importance:  
**diarrhea acute (improper feeding).**

Name of operation: \_\_\_\_\_  
 What test confirmed diagnosis: **Clinical** 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**33**

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 any way related to occupation of deceased?**  
 If so, specify **No**  
 (Signed) **J. M. Hunt** M. D.  
 (Address) \_\_\_\_\_

Date of onset **8/5/33**

**SEP 26 1933**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

