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.

MAR 24 1934

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

Do not use this space.

6783

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Anthony Hosp. St. ..... Ward)

File No. .....

Registered No. 1635

2. FULL NAME Frank Josef

(a) Residence, No. 4658 Michigan Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

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: Christina Josef

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12th. 1899

7. AGE: YEARS 34 | MONTHS 3 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Austria

FATHER

13. NAME: Frank Josep Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Theresa Fink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Christina Josef 4658a Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S.P.P DATE Feb. 17th, 34

19. UNDERTAKER (ADDRESS): Wm. Schumacher 3013 Meramec Street

20. FILED FEB 1 ... 19 ... J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to Feb 14, 1934

I last saw him alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 3/30pm

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

Infection of unknown origin & type — Date of onset 2-13-34

121 B

127 B

Other contributory causes of importance:

Chronic Cholecystitis — July 1933

Chronic Appendicitis — July 1933

Name of operation Cholecystectomy & appendectomy Date of 2/12/34

What test confirmed diagnosis? Clinical & Lab. 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) [signature] M. D.

(Address) 5417 So Grand Blvd

12713

Rundy
5417 S. Kd. Riv. 5511
Res. 5870 Ilaska Il. 1121
1:30 PM