

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

Do not use this space.

7263

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **3814 Flad Avenue**) St. Ward)

File No.
 Registered No. **2156**

2. FULL NAME **William E. Frank**

(a) Residence, No. **3814 Flad Avenue** St. **17** 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 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 Margaret Frank		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1862		
7. AGE	YEARS 71	MONTHS 10
	DAYS 3	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foster Bros. Mfg. Co.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Utica,**
 (STATE OR COUNTRY) **New York**

FATHER 13. NAME **Vitus Frank**

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

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

17. INFORMANT **Margaret Frank**
 (ADDRESS) **3814 Flad Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Private Burial** DATE **Nov 19 1934**

19. UNDERTAKER **Wick Bros**
 (ADDRESS) **2201 S. Grand Blvd.**

20. FILED **10-2-34** 19 **J. H. Bredek**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/27** 19 **34**

22. I HEREBY CERTIFY, That I attended deceased from **2/24** 19**34**, to **2/27** 19**34**

I last saw him alive on **2/26** 19**34**. Death is said to have occurred on the date stated above, at **7:45 p.m.**
 The principal cause of death and related causes of importance were as follows:

Coronary dilatation
Chronic Myocarditis
 Date of onset **1 year**

Other contributory causes of importance:
Asphyxiation

Name of operation **None** Date of

What test confirmed diagnosis? 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) **P. Moskop** M. D.

(Address) **3554 Victor St. St. Louis, Mo.**

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.

WHITE PAPER, WITH OUTLINE

