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.

APR 25 1934

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

Do not use this space.

10439

File No. 2245

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Mo Baptist Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Harry C Frame

(a) Residence, No. 2211 Sullivan Av. St., 20 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: Lillie Frame

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 7 1859

7. AGE: YEARS 75 | MONTHS 1 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wabash R. R.

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): Galltian Mo

FATHER

13. NAME: Unknown Frame

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Lillie Frame 2211 Sullivan Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem Cem. DATE Mar 5 1934

19. UNDERTAKER (ADDRESS): Seiderwieden Funeral Home Inc 1936 St. Louis Ave

20. FILED [illegible] 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2- '34

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 '34 19 to Mar 2 '34, 19

I last saw him alive on Mar. 2 - 34 19 Death is said to have occurred on the date stated above, at 5 p m

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

Pneumonia, (Lobar) with hemorrhage. — Date of onset 2/1-34

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Other contributory causes of importance:

Chronic interstitial nephritis and hypertension.

Name of operation Date of

What test confirmed diagnosis? 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

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) Cawhite, M. D.

(Address) 919 N. Taylor ave.

Dr. C. R. White.