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

Do not use this space.

26390

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 652

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

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

2. FULL NAME James T. DeFrates

(a) Residence, No. 5526 Pershing St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna DeFrates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79.	X	2.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Merchandise

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) Jacksonville Ill.

FATHER

13. NAME Joseph DeFrates.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

MOTHER

15. MAIDEN NAME LaBanna Reis.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

17. INFORMANT (ADDRESS) Belle S. Crossy 5526 Pershing.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem DATE 7-4-1934

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons # 4449 Olive St.

20. FILED 7-2-1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-30-1934 to 7-2-1934

I last saw him alive on 7-2-1934 Death is said to have occurred on the date stated above, at 5:50 m.

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

	Date of onset
Generalized arteriosclerosis	
Cerebral arteriosclerosis	
Pernicious anemia	

Other contributory causes of importance

Name of operation none Date of .....

What test confirmed diagnosis? RBC count 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) Carl G. Harford, M. D.

(Address) Barnes Hospital

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.

AUG 15 1934

TLM-11-24-33