

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

Do not use this space.

27627

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Anthony's Hospital**) St. Ward)

File No.
Registered No. **7877**

2. FULL NAME

William Frank
(a) Residence, No. **5525 Grace** St. **15** Ward. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Katherine Frank		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1850		
7. AGE	YEARS	MONTHS
	83	7
		10
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired 2 years Shipping clerk
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Bag factory
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-30-34** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **July 25, 1934** to **7-30, 1934**
I last saw him alive on **July 30, 1934** Death is said to have occurred on the date stated above, at **8:00** p.m.
The principal cause of death and related causes of importance were as follows:
Heart Prostration
93C
191
Other contributory causes of importance: **myocarditis (Chronic)**
Date of onset **7-24**

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
	13. NAME	Unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown
	15. MAIDEN NAME	Unknown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown
	17. INFORMANT (ADDRESS)	Wm. E. Frank 5525 Grace
	18. BURIAL, CREMATION, OR REMOVAL PLACE	St. Trinity Luth 8-1-34
UNDERTAKER	(ADDRESS)	Southern Ind Co. 6322 Grand
	20. FILED	Aug 31 1934 J. H. Biebeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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) **W. H. Frank** M. D.
(Address) **5417 No Grand Blvd**

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 16 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

