

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.

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

Do not use this space.

OCT 11 1934

34522

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City, *St. Louis*, (No. *City Infirmary*) ..... St. .... Ward

2. FULL NAME

(a) Residence No. *23* St., *157 Victoria* Ward ..... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *5* 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 *Mrs. Blanche King*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 26, 1881*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*52 9 26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Plumbers Helper*  
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) *St. Louis, Mo.*

13. NAME *Frank King*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *J. J. Sullivan, 5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Marcus* DATE *Sept 24, 1934*

19. UNDERTAKER (ADDRESS) *Wacker, Helderle, 2331 Broadway*

20. FILED *SEP 22 1934* *J. Bredeck* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sep 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 6, 1933* to *Sep 21, 1934*  
I last saw him alive on *Sep 21, 1934*. Death is said to have occurred on the date stated above, at *5:00 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis* Date of onset *4-6-33*

*23A  
23C  
107A 23*

Other contributory causes of importance:  
*Chr. pulmonary tbc. 1-23-33*  
*Bronchopneumonia. 9-19-34*

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) *Marvin T. Hau* M. D.  
(Address) *5600 Arsenal St.*

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

[illegible text]

[illegible text]