APR 9 1935

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

Do not use this space.

Registration District No. 1003 791

File No. 11051

Registered No. 2682

1. PLACE OF DEATH

County

Township

Primary Registration District No.

City St. Louis (No. St. Ann's Hospital St. Ward)

2. FULL NAME Bernice Frank.

(a) Residence, No. 2840 Burd Ave., St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell Frank.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1916.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	18	11	3	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Byron Schuchmann

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

MOTHER

15. MAIDEN NAME Kate Beuer

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

17. INFORMANT Russell Frank (ADDRESS) 2840 Burd Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE March 25, 1935

19. UNDERTAKER Jas. W. Clark (ADDRESS) 1125 Hodiamont Ave.,

20. FILED MAR 22 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935, to 3/21, 1935

I last saw her alive on March 21, 1935. Death is said to have occurred on the date stated above, at 1.05pm.

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

	Date of onset
Pulmonary edema caused by pulmonary embolus following delivery.	Mar. 21, 35

Other contributory causes of importance:

abruptio placenta. Delivered 9.45 a.m. 3/21/35

Consultation with Dr. John Hammond

Name of operation 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?

If so, specify

(Signed) Tracy H. Swahlen, M. D.

(Address) St. Ann's Hospital, St. Louis

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.