

JUN 21 1935

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

Do not use this space.

791
1003

18455

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Barnes Hospital..... St. Ward)

File No.....
Registered No. 4809

2. FULL NAME Gustavus A. Frankel

(a) Residence, No. 5951 Plymouth Ave., St. 5 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 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 May Frankel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1885

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>50</u>	<u>----</u>	<u>II</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer ower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bissness
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) Missouri13. NAME Frank Frankel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Alice Moritz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas17. INFORMANT May Frankel
(ADDRESS) 5951 Plymouth Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE ZION CEM DATE June 1, 193519. UNDERTAKER Geo. W. Clark
(ADDRESS) 1125 Hodiamont Ave.20. FILED MAY 31 1935 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30/35, 19

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h. im alive on, 19..... Death is saidto have occurred on the date stated above, at 3.27 A. M.

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

Septicemia; Lobar Pneumonia;
Fracture of Right Os calcis
received in fall from ladder
while repairing roof at No. 4
Hortense Place, May 22, 1935.

Date of onset

3/27/35

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 5/22, 1935Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public PlaceManner of injury FallNature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold Pelting, M-D.(Address) Depot

3/35

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.

