

AUG 30 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis, Mo.**No. **En Route City Hospital**File No. **27765**Registered No. **6814**

St.

Ward)

2. FULL NAME

(a) Residence, No. **Frank W. Dezie**

(Usual place of abode)

2015 S. GrandSt., **17**

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Verna Dezie**

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

April 9th 1881

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

54**3****29**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Chief Auditor**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**Office of Collector of
Internal Revenue**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
Missouri**

MOTHER

13. NAME

Frank A. Dezie

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Cork
Ireland**

15. MAIDEN NAME

Carrie Higgenman

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Westphalia
Germany**

17. INFORMANT

(ADDRESS)

**Marie Dezie
2616 S. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

**Crematory
Valhalla**

DATE

8-10-35

19. UNDERTAKER

(ADDRESS)

**Wm J. Robert
1905 S. Grand Blvd**20. FILED **AUG -9 1935**

Registrar.

No P.P.
MEDICAL CERTIFICATE OF DEATH
by Dr. J. C. ...

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 8th 1935**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **2 P.** m.

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

Ruptured Aortic Aneurysm Date of onset**Chronic Myocarditis**Other contributory causes of importance: **96**

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?.....

If so, specify.....

(Signed) **Frank P. Furlong**, M.D.(Address) **Booner**

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.

16096-11-24-33

