

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.

DEC 20 1935

37258

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
Township Clayton Primary Registration District No. 60339 Registered No. 330  
City St. Louis Co. Hospital (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME FRANK, Alice

(a) Residence, No. 7222 Olive St. Rd. St. Charles, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
41 8 1

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant

10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME John Knipp

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

15. MAIDEN NAME Marie Felker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru Illinois

17. INFORMANT Lorraine Hermann (ADDRESS) Creve Coeur Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica's Cemetery DATE Nov 21 1935

19. UNDERTAKER Al C. Osterman (ADDRESS) 9222 Jackson Overland Mo

20. FILED 11/20 1935 Dr. A. J. Agnew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1935; to 11/18 1935

I last saw him alive on 11/18/1935. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Carcinoma of Uterus with generalized Carcinomatosis  
48  
Other contributory causes of importance:  
Intestinal Obstruction from invasion of Ca.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy 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) Joseph J. Tapp M. D.  
(Address) St. Louis Co. Hospital

