

JAN 13 1936

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

Do not use this space.

41225

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City *St Louis* (No. *13710*)

City *St Louis* Ward .....

File No. 10437

Registered No. ....

2. FULL NAME

John Frank

(a) Residence, No. 2207 *Chalmers* Ward. 21

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 16 1905*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *30 7 22*

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

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

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 *John Frank*

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

15. MAIDEN NAME *Mary*

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

17. INFORMANT (ADDRESS) *Joseph J. Madest City St Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *Dec 14 1935*

19. UNDERTAKER *Beneola - Nichols* (ADDRESS) *1138 N. 4th St St Louis*

20. FILED 10 1935 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/8 1935*

22. I HEREBY CERTIFY, That I attended deceased from *12/2* to *12/8*, 1935. I last saw him alive on *12/8*, 1935. Death is said to have occurred on the date stated above, at *3:20* pm.

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

Other contributory causes of importance: *108*

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

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) *La Motte* M. D. (Address) *City St Louis*

WRITE PEANUTLY, 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.

