

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.

Do not use this space.

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

7567

1. PLACE OF DEATH  
 County St. Louis Registration District No. 190 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 60334 Registered No. 19  
 City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Dominic Frank  
 (a) Residence, No. 1401 So. Hanley St. \_\_\_\_\_ 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>12-6-75</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-6-75</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>1</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Construction work</u>			
	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) <u>Penn. Co. Maryland</u>				
FATHER	13. NAME <u>John Davin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>			
MOTHER	15. MAIDEN NAME <u>Annie ?</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>			
17. INFORMANT <u>St. Louis Co. Hospital</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem.</u> DATE <u>2-17-36</u>				
19. UNDERTAKER <u>Louis V. Bopp</u> (ADDRESS) <u>Kirkwood</u>				
20. FILED <u>2-25 1936</u> <u>MAJ. Signorelli</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-12-35, 1935, to 2-19-36, 1936.  
 I last saw him alive on 2-19-36, 1936. Death is said to have occurred on the date stated above, at 9:50 P. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis with Edema of Brain.

Other contributory causes of importance:  
Diabetic mellitus  
Senility.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirms diagnosis? Autopsy 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 \_\_\_\_\_, 1936  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, 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) L. F. Allison, M. D.  
 (Address) St. Louis County Hosp.

To be OK'd by Coroner MAR 25 1936

