MAR 12 1936

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

Do not use this space.

8407

File No. 791

Registered No. 2089

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Infirmary St. Ward)

2. FULL NAME Frank West

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	11	11	

OCCUPATION

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

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) X Germany

FATHER

13. NAME William Wuest

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

MOTHER

15. MAIDEN NAME Bertha Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Germany

17. INFORMANT J. G. Sullivan
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Feb 25, 1936

19. UNDERTAKER F. H. Geisler Funeral Home
(ADDRESS) 4347 Morganford Rd

20. FILED FEB 25 1936 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Feb 21, 1936

I last saw him alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 7:55 P.m.

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

	Date of onset
Chronic myocarditis with auricular fibrillation	

Other contributory causes of importance: 93 C

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) C. E. Smith, M. D.

(Address) 5600 Arsenal St. St. Louis, Mo.

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.