

MAY 27 1936

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

Do not use this space.

18044

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No.
Township Carondelet Primary Registration District No. 6248B Registered No. 169
City Miss. River (No. Miss. River) St. Ward)

2. FULL NAME

Frank Splean
2718 Indiana St. Ward. St. Louis Mo.
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1911
7. AGE YEARS 25 MONTHS 10 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Wm. Splean;

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

MOTHER
15. MAIDEN NAME Margret Hoffman;

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT Wm. Splean (ADDRESS) 2715 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE April, 30 1936

19. UNDERTAKER Fendler Und. Co. (ADDRESS) 744 Lemay Ferry Rd. County

20. FILED Apr. 29 1936 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found 4/28/1936 19

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

to have occurred on the date stated above, at 10 am.

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

From every evidence, Felo De Date of onset
Ce, despondent from non-employment
as well as being ill. Disappeared
from home about March 14th
and was found floating in the
Other contributory causes of importance:
Mississippi River, one mile S.
of Hillcrest Country Club.
OVER

Name of operation Date of
What test confirmed diagnosis Coroner's view Was there an autopsy? no

23. If death was due to external causes (witnesses fill in also the following:
Accident, suicide, or homicide? of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in individual 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) Jacob Turner 4/28/36, M. D.

(Signed) 3718 Indiana

Coroner's view

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.

WHITE LABEL, WITH CONTINUING INK—THIS IS A PERMANENT RECORD

Body in extremely decomposed condition.
Later identified by brother Jahn Splean
as that of the above named.