

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

Do not use this space.

AUG 21 1936

27019

1. PLACE OF DEATH

County Gasner County Registration District No. 411
 Township Gasner Primary Registration District No. 2002
 City Jonlin (No. St. John's Hospital) St. _____ Ward _____

2. FULL NAME John Peter Frank

(a) Residence, No. 130 Moffet 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 Male 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 Rose A. Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	68	10	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Funeral Director</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Undertaker</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

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

FATHER 13. NAME August A. Frank

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

MOTHER 15. MAIDEN NAME Anna Columbia Sears

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Mid-ocean (America)
 (STATE OR COUNTRY)

17. INFORMANT Harry A. Frank
 (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem DATE July 14 - 1936

19. UNDERTAKER THE FRANK-SIEVERS UNDERTAKING CO
 (ADDRESS) Jonlin, Missouri

20. FILED 7-14-1936 Ed D. James
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936, to July 11 1936
 Last saw him alive on July 11 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Squidac ~~...~~ dilatation
Uremia and chr.
nephritis
 Other contributory causes of importance:

Uremia + Nephritis, chr.

Name of operation none 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? No
 If so, specify _____

(Signed) W. Mitchell Sears, M. D.
 (Address) John Mo.

