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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 File No. 3677

Township ..... Primary Registration District No. 1003 Registered No. 712

City St. Louis, Mo. (No. 1416 A. N 20th. St. St. Ward)

2. FULL NAME Frances Dalman

(a) Residence, No. 1416 A. N. 20th. St. St. 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th. 1834

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
102	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Germany

FATHER

13. NAME Frank Krzyzan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Anna Hojnacke 1416 A. N. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/18/37, 19

19. UNDERTAKER (ADDRESS) Cronast Und. Co. 3710 N. Grand Blvd.

20. FILED JAN 17 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936, to Jan 15 1937

I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 1130 A.M.

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

	Date of onset
Acute Bronchial Pneumonia	1/10/37
107	
Other contributory causes of importance:	
Senility	12 2036

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) [signature], M. D.

(Address) 1873 Madison

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.

Dr. Steegel [illegible] 9-1[illegible]