

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. 4563 Chouteau Ave.)

File No. 8438
Registered No. 1890
St. Ward)

2. FULL NAME Frances C. Harter

(a) Residence, No. 4563 Chouteau Ave., St., 18 Ward.
(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. (If nonresident, give city or town and State)

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 August Harter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 99

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 99

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Mo.13. NAME Franz Gaebler 1014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 3115. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT August J. Harter
(ADDRESS) 7045 Ethel Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE Vahalla DATE 2/15/37 19.19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4234 Manchester20. FILED FEB 13 1937 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Feb 12, 1937
I last saw h. alive on 2/12, 1937. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

acute myocarditis Date of onset Jan 30/37
due to Broncho Pneumonia

Other contributory causes of importance:

Broncho - Pneumonia 1/37 107a

Name of operation none Date of.....
What test confirmed diagnosis none Was there an autopsy? no

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 E. D. Edwards M. D.
(Signed) E. D. Edwards

(Address) 4216 Shaw Blvd

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.

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