

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.

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

Do not use this space.

SEP 25 1937

31785

96 1. PLACE OF DEATH
County St. Louis Co. Registration District No. 790 File No. 31785
Township Clayton Mo Primary Registration District No. 6033^e Registered No. 264
City St. Louis County Hospital (No. 110) (Ward)

2
7 2. FULL NAME Baby Frankes
(a) Residence, No. Mrs. E. Elmwood Pl. 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 Cre 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Newborn stillbirth —

OCCUPATION
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. _____
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) Clayton Mo

MOTHER FATHER
13. NAME McKenley Frankes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Mo
15. MAIDEN NAME Juanita Frankes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Juanita Frankes
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL cremation
PLACE City Cemetery DATE 8-4 1937

19. UNDERTAKER St. Louis Co. Hosp.
(ADDRESS) _____

20. FILED 8/4 1937 Dr. J. Signorilli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stillbirth
Date of onset _____

Other contributory causes of importance: _____

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) Frank A. Robinson M. D.
(Address) St. Louis Co. Hosp. Clayton Mo.

