

OCT 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles.
Township.....
City St. Charles. (No., Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 35132
Registered No. 151

2. FULL NAME FRANK CRESS.

(a) Residence, No. Ferguson, Mo. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Single (boy)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-37, 19

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

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest., 19..... to....., 19.....6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1926. 15th Nov.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 10 9 20to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

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

Date of onset

Drowning.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Ill.

Other contributory causes of importance:

Note- This child was a ward at the Mothers and Babies Home at Ferguson, Mo.

13. NAME George Cress.

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.What test confirmed diagnosis?..... Was there an autopsy? no15. MAIDEN NAME Unknown23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 9-5-3716. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownWhere did injury occur? Mississippi River, Alton, Ill.
(Specify city or town, county, and State)17. INFORMANT (ADDRESS) Mrs. M.E. Finley Ferguson, Mo.

Specify whether injury occurred in industry, in home, or in public place.

River18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Valhalla Cem. 9-9-37Manner of injury Fell from Burlington Bridge.Nature of injury Drowning.19. UNDERTAKER (ADDRESS) Hackmann Bau. St. Charles, Mo.24. Was disease or injury in any way related to occupation of deceased? noIf so, specify John H. Buse (Signed) Coroner, St. Charles, Co. Mo.20. FILED 9/9 27 Clarence G. Neider Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

