

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

Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No. 1)

Registration District No. 1123
Primary Registration District No. 6248B

35342

File No. 390
Registered No. 390 St. Ward

2. FULL NAME

(a) Residence, No. 44402 Manchester St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1884

7. AGE YEARS 53 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
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 11

12. BIRTHPLACE (CITY OR TOWN) Tracy, Ill. (STATE OR COUNTRY)

13. NAME Jacob Frankel

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Lucy Jacobs

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Koch Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE Sept. 24 1937

19. UNDERTAKER Pectz Bros. (ADDRESS) 3029 Lafayette Ave.

20. FILED Sept. 22 1937 Maurer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21- 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-21- 1936, to 9-21- 1937

I last saw him alive on 9-21- 1937 Death is said to have occurred on the date stated above, at 6:10 P. m.

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

Chr. Pulmonary Tbc. Date of onset 1935

Other contributory causes of importance 22

Name of operation Spontaneous X-ray Date of
What test confirmed diagnosis Was there an autopsy? Yes

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 D. H. Drumm (Signed) , M. D.
(Address) Koch Hosp.

