NOV 15 1937

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

Do not use this space.

35765

791

1003

File No. 9342

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis, Mo. (No. ISOLATION HOSPITAL St. Ward)

Registration District No.

Primary Registration District No.

**2. FULL NAME** Charles Frame

(a) Residence, No. Wright & St. Charles St., NR Ward. Overland, Mo. (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MARY ELLEN FRAME

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1863

7. AGE: Years 73 | Months 9 | Days 15 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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): MONTGOMERY CO. ILL

FATHER

13. NAME: SAMUEL FRAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO

MOTHER

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MG. Barry R.R. 2 253 WRIGHT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE: VALHALLA DATE: OCT 8, 1937

19. UNDERTAKER (ADDRESS): BAUMANN BROS. OVERLAND MO

20. FILED: OCT 6 1937 G. Biedecke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1937, to Oct. 5, 1937

I last saw him alive on Oct. 5, 1937. Death is said to have occurred on the date stated above, at 4:40 A.m.

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

| | Date of onset |
|---|---|
| Encephalitis Epidemic | ? |

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? clinical 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?

If so, specify

(Signed) Henry G. Ulrich, M. D.

(Address) 5600 Arsenal

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.