

JAN 10 1938

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

43577
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Children's Hospital Registration District No. 791
(b) Township St. Louis, Mo. Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 11827 St.
(e) Length of residence in city or town where death occurred 8 yrs. mos. 7 ds. 13 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Biller, Frank

(a) Residence, No. 1201 Monroe St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 6 - 1929

7. AGE YEARS 8 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. child
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) St. Louis, Mo. Chicago, Ill

13. NAME Frank Biller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. Chicago, Ill

15. MAIDEN NAME Frieda Zschille

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

17. INFORMANT (ADDRESS) M. Strom
St. Louis Children's Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Lambert Hill Cem. DATE 12-27-37

19. FUNERAL DIRECTOR (ADDRESS) Hy Reider and Co.
1417 N. Market St.

20. Local Registrar J. G. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29-, 1937, to 12-23, 1937
I last saw h. l. m. alive on 12-23, 1937. Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

Peritonitis following acute appendicitis
Intestinal obstruction perforation of small intestine
Date of onset 12-5-37
Other contributory causes of importance: Intestinal obstruction perforation of small intestine

Name of operation Appendectomy Date of 12-10-37
What test confirmed diagnosis? operation 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) J. J. Jandoy, M. D.
(Address) St. Louis Children's Hospital

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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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1-121203

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 01674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)