

FEB 12 1938

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

194
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **1332 Laurel Ave.** Registered No. **50**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Annie E. Frable. 614**

(a) Residence, No. **1332 Laurel Ave.** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William J. Frable.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9, 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Pennsylvania.**

FATHER 13. NAME **Samuel McKowan.**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland.**

MOTHER 15. MAIDEN NAME **Mary McFarland.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland.**

17. INFORMANT (ADDRESS) **Mr. Frank L. Frable, 100 W. Monroe St. Chicago, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cemetery** DATE **January 2, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Geo. L. Plutah Inc., 5966 Eastern Ave.**

20. FILED **JAN 3 1938** **J. H. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 31, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 26**, 19**37** to **Dec 31**, 19**37**
I last saw her alive on **Dec 31**, 19**37** Death is said to have occurred on the date stated above, at **2402 m.**
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation **second**
years

Other contributory causes of importance: **Neurosis from stomach & intestinal cause unknown. Nov 1937. Benzene**

Name of operation **no** Date of **no**
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? **no**
If so, specify **Water & Harold** M. D.
(Signed) **Walter E. Harold**
(Address) **609 Faugre and St.**

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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STATEMENT BY LICENSED EMBALMER

I, Leonard W. Krueger, Licensed Embalmer No. 2678

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

L. E.

No. _____ or by Henry Beamin, Registered Apprentice No. _____
working under my personal supervision.

Signed Leonard W. Krueger
Licensed Embalmer No. 2678

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.)