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

Do not use this space.

16598

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 4700

City St Louis Mo (No. 5355 Pershing ..... St. ..... Ward)

NAME Julia Frankenthal

(a) Residence. No. 5355 Pershing 12 Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/12 - 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Jacob Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Miss Hattie Levy (Address) 5355 Pershing

15. FILED FEB 23 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1929, to Apr - 21 - 1929, that I last saw her alive on Apr - 20, 1929, and that death occurred, on the date stated above, at 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

436

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 908

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Maurice C. Frankenthal, M. D

, 19 (Address) Lister Bld 4600 Olive St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. ~~PLACE OF BURIAL~~, CREMATION, ~~OR REMOVAL~~ Missouri Crematory — DATE OF BURIAL 4/24 1929

20. UNDERTAKER Mayer — ADDRESS 4356 Suitable

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.