

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **5013**
City **St. Louis, Mo.** (No. **1413 S. 8th Street**)

32968

File No. **9843**
Registered No. **9843**
..... Street..... Ward.....

2. FULL NAME **Frank Dehner**

(a) Residence, No. **1413 S. 8th Street** St. **23** Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 23, 1885**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Box Maker**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Bemis Box Co.**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**
(STATE OR COUNTRY)

FATHER 13. NAME **Frank Dehner**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Kate Leingruber**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Lizzie Dehner**
(ADDRESS) **1413 S. 8th Street**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **SS. Peter & Paul** DATE **Sept. 23, 1931**

19. UNDERTAKER **Wick Bros**
(ADDRESS) **2201 S. Grand Blvd**

20. FILED **Oct 21 1931** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20th, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1, 1931** to **Sept 20, 1931**
I last saw him alive on **Sept 18, 1931** Death is said to have occurred on the date stated above, at **3:45 P.M.**

The principal cause of death and related causes of importance were as follows:
Acute Regurgitation Heart (Date of onset **June 1930**)
Acute Dilatation Heart (Date of onset **Sept 15, 1931**)

Other contributory causes of importance:
None

Name of operation **None** Date of.....
What test confirmed diagnosis? **Heart auscultation** 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.....
(Signed) **W. S. Searles**, M. D.
(Address) **3258 Lafayette**

