

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

Do not use this space.

**35631**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 82-8 A Registered No. 366  
 City Oak Lawn (No. 5700 Heege Rd. St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 5700 Heege St., \_\_\_\_\_ Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph L. Etter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1884</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Charles Frankewig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Gustave Hoffmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Joseph L. Etter</u> <u>5700 Heege Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>San Set Burial Park</u> DATE <u>Oct 6</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>John J. Robert</u> <u>1905 Os Grand Blvd</u>		
20. FILED <u>Oct 5</u> , 19 <u>31</u> <u>L. C. Broad</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 131  
93e 131

Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Medic History 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) John O'Connell, M. D.  
 (Address) Lamar at St. Louis  
County

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.

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