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.

28043

File No. 7928

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. Lutheran Hosp ..... St. ..... Ward)

2. FULL NAME Frank Dies

(a) Residence, No. 4659 Tyrolean St., 2 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	6	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron

10. Date deceased last worked at this occupation (month and year) Jan

11. Total time (years) spent in this occupation 10 yr

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

FATHER

13. NAME Unknown Dies

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Rose T Dies
(ADDRESS) 4659 Tyrolean

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo Crematory DATE Sep 1 1932

19. UNDERTAKER John L Zigenbein & Sons
(ADDRESS) 7023 Manchester

20. FILED AUG 31 1932, 19 Miles C Starkey
Registrar

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29, 1932

22. I ~~HEREBY CERTIFY, THAT I~~ last attended ~~deceased~~ from ....., 19..... attendance

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
following shock + injuries	
fracture left femur -	
fracture right tibia +	
fibula - amputation of	
right leg - secondary	
crushed by weight	
Bush Sulzer Engine Co	
abt 3:00 PM 8/22 Accident	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 8/22, 1932

Where did injury occur? St Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury accident

Nature of injury Fracture right tibia + fibula left femur

24. Was disease or injury in any way related to occupation? yes

If so, specify amputated right leg

(Signed) J J Zoss, M. D.

(Address) 5 S Compton

8/31/32