

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

Do not use this space.

31713

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City) Ward

File No.....  
Registered No. 8438.....  
St. Ward)

**2. FULL NAME**

(a) Residence, No. 14295 10th St., 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 22 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>Drank Budner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 1913</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>4</u>
	DAYS <u>02</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Copier</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>3 5/8</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Michael Frig</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>		
15. MAIDEN NAME <u>Rose Leonard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago</u>		
17. INFORMANT (ADDRESS) <u>Wm. Keat</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bicker</u> DATE <u>9-30</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Mandell</u> <u>1926 Allen</u>		
20. FILED <u>28</u> 19 <u>33</u> <u>J. W. Bedeck</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-31 1933 to 9-26 1933  
I last saw him alive on 9-26 1933. Death is said to have occurred on the date stated above, at 3:10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculous Peritonitis Date of onset ?  
Tuberculosis of Lungs ?  
Other contributory causes of importance:  
gangrene of Appendix  
Name of operation appendectomy Date of 8/29/33  
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 ..... 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?  
If so, specify .....  
(Signed) J. W. Bedeck, M. D.  
(Address) St. Louis

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.

Oct 20 1933

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