

MARGIN RESERVED FOR BINDING

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.

NOV 10 1933

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

Do not use this space.

34982

1. PLACE OF DEATH

County.....
 Registration District No. 781
 Township.....
 Primary Registration District No. 100
 City..... St. Louis (No. D. E. Paul Hospital)

File No.....
 Registered No. 9163
 St. Ward)

2. FULL NAME

Frederick Richard Frow
 (a) Residence, No. 7827 Natural Bridge St., 6 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
14 11 20

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

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

FATHER 13. NAME Fred Frow

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

MOTHER 15. MAIDEN NAME Della Scott

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

17. INFORMANT Fred Frow
 (ADDRESS) 7827 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Care DATE Oct 20 1933

19. UNDERTAKER Fred M Williams
 (ADDRESS) 4535 Washington

20. FILED Oct 24 1933 J. P. Beck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from to Physician - attendance

I last saw h..... alive on....., 19..... 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:

184
Gunshot wound of head caused by bullet fired from rifle in St. Louis County, Mo.

Other contributory causes of importance: accidental

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid. Date of injury 10/22, 1933
 Where did injury occur? St. Louis County, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Bullet accidentally discharged
 Nature of injury Gunshot Wound of Head

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J. P. Beck
 (Address) 101 1/2 Dept. of Health

