

**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. **791**

791

18653

Township.....

Primary Registration District No. **1003**

1003

File No.

Registered No. **5147**

5147

City **St. Louis MO** (No. **3501**, **Lump av**)

St. Ward)

2. FULL NAME

(a) Residence No. **3501 Lump** St., **24** Ward.

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

white

Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20 1918*

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h..... alive on....., 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 20/1878*

to have occurred on the date stated above, at *4:55 P.M.*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

55

8

1

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

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

Paper Hanger

Date of onset

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

None

Pericardial Effusion

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

11. Total time (years) spent in this occupation

Chronic Myocarditis

Chronic Nephritis

Chronic Rheumatism

Other contributory causes of importance:

is aortic aneurysm

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

St. Louis MO

13. NAME

Jacob Frank

Name of operation.....

Date of.....

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

Germany

What test confirmed diagnosis?.....

Was there an autopsy? *Yes*

15. MAIDEN NAME

Unknown

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.

17. INFORMANT

Lothar Frank

(ADDRESS)

3501 Lump av

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New St. Marcus DATE *May 23 1918*

Manner of injury.....

Nature of injury.....

19. UNDERTAKER

Giegebach Bros

(ADDRESS)

2623 Cherokee St

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

If so, specify

(Signed) *Harold P. Shuy* M.D.

20. FILED

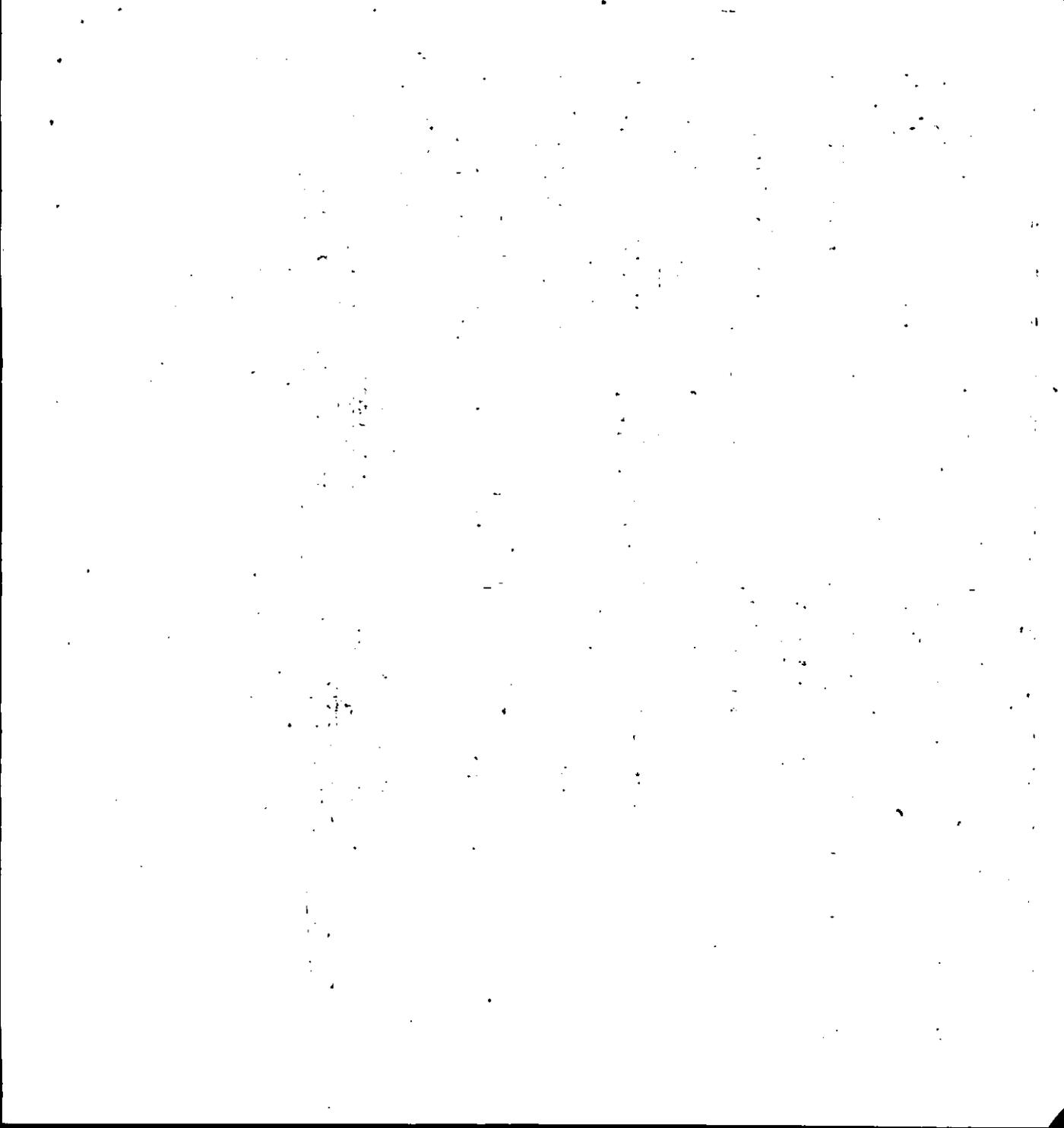
29 1918

J. J. Brebeck Registrar.

(Address) *521 34*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 1 1918



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No.....)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *5147* St..... Ward.....

2. FULL NAME

(a) Residence, No. St., 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 *m* 4. COLOR OR RACE *w.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *s*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 *8* *1*

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED

19...

J. Brebeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20*, 19*34*

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

I last saw him alive on....., 19..... Death is said to have occurred on the at..... m.

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

Pericardial Effusion Date of onset

Right ventricular hypertrophy

Cholelithiasis

Chronic pleurisy

of liver - 10/4/34

Other contributory causes of importance:

(Scurvy of limb)

sero-purulent fluid in right pleural cavity. Rib cage tissue was apical

right lung tissue of necrosis not malle

Name of operation *to take right lung* Date of operation

What test confirmed diagnosis? *Purulent material free in lung cavity* Was there an autopsy?

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) *H. H. Schrey*

(Address) *Wep. Car.*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-18653