

WRITE PERMANENTLY 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.

MAY 7 1937

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

Do not use this space.

14362

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

File No.....

Registered No. 3858

City ST. LOUIS, MO. (No. 4546 A LACLEDE AV. St. Ward)

2. FULL NAME

FRANK DENK

(a) Residence, No. 4546 A LACLEDE AV. Ward. 19

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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 4, 1864

7. AGE YEARS 72 MONTHS 5 DAYS 7
IF LESS than 1 day,hrs. ormin.

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

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)

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

13. NAME FRANK DENK

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

15. MAIDEN NAME MARIE UNK

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

17. INFORMANT (ADDRESS) MRS. CLARA DENK, 4546 A LACLEDE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE, ST. PETER'S CEM. DATE, APRIL 12, 1937

19. UNDERTAKER (ADDRESS) E. J. Schmur, 312 1/2 S. Lafayette Av.

20. FILED APR 12 1937 J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1937, to April 10, 1937. I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 4:54 a.m.

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

Chronic myocarditis with arteriosclerosis

Other contributory causes of importance: Chronic Menstrual Hypertension

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?..... 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) J. H. Bredeck, M. D.
(Address) 2206 Forward St.

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