

**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**
 Township..... Primary Registration District No. **11003**
 City **St. Louis** (No.) **St. Marys Infirmary** St. (Ward) **10907**

2. FULL NAME **Frank Zameron**

(a) Residence. No. St. **22** Ward. **Beuld Jc**
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **24** ds. How long in U.S., if of foreign birth? **23** yrs. mos. ds.

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 1 - 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 | **0** | **6**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Coal Miner**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer **# 1 Beuld Coal Co**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

10. NAME OF FATHER **Pete Zameron**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

12. MAIDEN NAME OF MOTHER **not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

14. INFORMANT (Address) **Frank Zameron**
1500 Olive St

15. FILED **Nov 7 1928** **Max C. Starbuck** REGISTRAR

6 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11 / 7 1928**

17. I HEREBY CERTIFY, That I attended deceased from **10/13/28** to **11/7/28**, and that I last saw him alive on **8/4/28**, at **4:14 p.m.**, on the date stated above, at **8:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2011 Liver abscess (Septic)
52 Grams Positive
Purulent Liver Abscess non tubercular due to infection from
Wounds on leg
CONTRIBUTORY (SECONDARY)
Septic of leg from an injury received in a coal mine
 (duration) **3.5** ds.

18. WHERE WAS DISEASE CONTRACTED **at home**
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **10/23/28**
124 Wipes.
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**
 (Signed) **V. P. Shipley** M. D.
11/7, 1928 (Address) **St. Marys Inf.**

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cathole in Collinsville** **DATE OF BURIAL** **Nov 9 1928**

20. UNDERTAKER **Geo M. Schaeppel** **ADDRESS** **Collinsville Ill**

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

