

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.

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

4590
 Do not use this space.

REC'D MAR 14 1938

791
1003

1235

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. En route City Hosp: #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Fronick 152
 (a) Residence, No. 3341A Minnesota Ave. St. 76
 (Usual place of abode, if no street address, write county or city) (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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Amelia Fronick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 65 10 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Moulder
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 12 Yrs. ago 11. Total time (years) spent in this occupation

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

FATHER 13. NAME William Fronick

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

MOTHER 15. MAIDEN NAME Lena Sladek

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

17. INFORMANT (ADDRESS) Mrs. Anna Hayden 3341A Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 2-4 19. 38

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED J. T. Bredeck 19. 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician.
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 19 38

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion;
Arterio Sclerosis.

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO
 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 See above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify Joseph M. Zuman (Signed) Joseph M. Zuman (Address) Security Corner

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed

Edwin M. McDermott

Licensed Embalmer No. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)