

REC'D MAR 14 1938

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

5037
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **1682**
(c) City **St. Louis** (d) Street No. **5019 Maple** 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

(a) Residence, No. **3019 Maple** St. **12** (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph W. Fromeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 15 - 1870**

7. AGE YEARS **67** MONTHS **3** DAYS **-** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**
9. Industry or business in which work was done, as 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) **Lafayette Ind.**

FATHER 13. NAME **Andrew Flatter**

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

MOTHER 15. MAIDEN NAME **Bridget Moran**

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

17. INFORMANT (ADDRESS) **Josephine Mitty**

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) **New St. Paul at Feb 18-38**

19. FUNERAL DIRECTOR (ADDRESS) **1225 Mission St**

20. FILED **FEB 16 1938** **J.P. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 15 1938** to **Feb 15 1938**. I last saw her alive on **Feb 15 1938**. Death is said to have occurred on the date stated above at **3:45 pm**. The principal cause of death and related causes of importance were as follows:

myocardial failure
Cardiovascular renal disease
St. Louis Public Hospital
Date of onset

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**
so, specify
(Signed) **Frank P. Catanzaro** M. D.
(Address) **5020 Page Ave**

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.

1 X12600

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

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 Bernard A. J. Stuart
Licensed Embalmer No. 3500

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.)