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FILED NOV 24 1941

STANDARD CERTIFICATE OF DEATH

State File No. 33374

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 8329

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3169 Ivanhoe Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 Years
years, months or days)

3. (a) PRINT FULL NAME Louis Henry Frahm

3. (b) If veteran, name war No.
3. (c) Social Security No. 490-12-6652

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. October 3 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 16
If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business F.W. Strecker, Warehouse, Co.

12. Name Rudolph Frahm

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Weisenbacher

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Frahm

(b) Address 5826 Walsh St.

17. (a) Cremation (b) Date thereof. 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker, McKeel, Hunt, & Co.

(b) Address 3634 Gravois Ave.

19. (a) OCT 21 1941 (b) J. J. Bredek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3169 Ivanhoe Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 th.
year 1941 hour 12:45 minutes 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion
Arterial Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Thomas F. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 10/21/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank J. Ryland.*
.....
Licensed Embalmer No. *2645*
P. O. Address..... *St. Louis Mo*

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.)

If this body is not embalmed, fact should be so stated above.