

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7605**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town.....

(c) Name of hospital or institution: **City Sanitarium 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 1/2 yrs. 3 mos. 30 days.** (Specify whether
In this community **About 65 years** years, months or days)

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. **5300 Arsenal St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **HERMAN A. FRUTH**

3. (b) If veteran, name war..... -

3. (c) Social Security No. ********

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**
year **1942** hour **4:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-1-40**, 19... to **9-11-42**, 19...
that I last saw him alive on **9-11-42**, 19...
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife..... **single**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct. 4, 1876**
(Month) (Day) (Year)

Immediate cause of death
Epilepsy 5-13-21x
~~Old Healed Tuberculosis.~~
5-6-26

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

65 11 7 hr. min.

9. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Marble Cutter**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Otto Fruth**

(b) Address **3060 Hawthorne Blvd**

17. (a) **Burial** (b) Date thereof **Sept 12 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Peatx Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **SEP 12 1942** (b) **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **Yes**

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?
(Specify type of place)

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

23. Signature **J. R. Ridelman** (M.D. or other).....
Address..... Date signed **11/12**

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. Owens

Licensed Embalmer No. 2285

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.