

FILED MAR 20 1946  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FIRMIN DESLORE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether  
In this community \_\_\_\_\_  
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. 5323 NEOSH0  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUST-C-FRITON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased AUG-2-1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS - MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation ENGRAVER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JULIUS-FRITON 4

13. Birthplace CER.  
(City, town, or county) (State or foreign country)

14. Maiden name AMALIE-METZGER

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

16. (a) Informant EMILY-ROBIN

(b) Address 5323 NEOSH0

17. (a) CREMATION (b) Date thereof 3-9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO. CREMATORY

18. (a) Signature of funeral director Wm Schumaner

(b) Address 1845

19. (a) MAR 9 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7  
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 27  
1946 to Mar. 7 1946  
that I last saw him alive on Mar. 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to Hypertensive cardiac-vascular disease  
Due to \_\_\_\_\_

Duration 2 weeks  
2 weeks  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: NO

(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?

Whife at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. E. Oppenheimer (M. D. or other) MD  
Address 3720 Washington Ave Date signed Mar 8, 1946

*Embalmed and buried in the funeral home*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**