

FILED MAR 30 1946

Primary Registration District No. 1003

Registrar's No. 2800

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6186 Pershing 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 _____
years, months or days

3. (a) PRINT FULL NAME Eva E. Fruchte

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. A

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

7. Birth date of deceased Aug. 3, 1876
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>69</u> | <u>7</u> | <u>21</u> | hr. _____ min. _____ |

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

10. Usual occupation Teacher, Wellston High

11. Industry or business _____

12. Name Thomas L. Fruchte

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

14. Maiden name Anna Kirby
(State or foreign country)

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

16. (a) Informant Miss Maud M. Fruchte

(b) Address 6186 Pershing Ave.

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Linden Blvd.

19. (a) MAR 25 1946 (b) J. F. Bredet
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6186 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th.,
year 1946 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 2
1946 to March 24, 1946
that I last saw him alive on March 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Arteriosclerosis 107 years

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) (e) Means of injury _____

23. Signature A. B. Jones (M. D. or other) _____

Address 4500 Illinois St. Date signed March 24

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

Johnes
Lister Bldg.

230-5 per

No. 2860

Per. 3697

JUN 3 1950

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.