

MO. 2
5-43
17-39
X36674

FILED JAN 27 1947
318

Registration District No. **100** Primary Registration District No. **100**

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

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:
3320 BLAIR 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad.

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3320 BLAIR
(If rural, give location)

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

3. (a) PRINT FULL NAME GUSTAVE A. FRENZ

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 MARRIED

6. (b) Name of husband or wife CHARLOTTE ENGEL

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: JUNE 4 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace BLACK JACK Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation WIFE - 20 YRS.

11. Industry or business =

12. Name CHRIST FRENZ Ill.

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

14. Maiden name ?

15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Frenz

(b) Address 3320 Blair

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof JAN. 13, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation BETHANY

18. (a) Signature of funeral director Bredbeck

(b) Address 1926 St. Louis Ave.

19. (a) JAN 13 1947 (Date received local registrar)

(b) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10 year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-8-47 to 1-10-47, 19____, to _____, 19____; that I last saw him alive on 1-8-47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to none

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

Major findings:
Of operations _____

Of autopsy _____

Duration Don't know.

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? _____

(Specify type of place)

(1) While at work? _____

(2) Means of injury _____

Signature Walter H. Sporeman

Address 1506 St. Louis Date signed 1/11/47

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.....

Neal L. Paulson

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Louis Ave*

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.