No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29047

FILED SEP 8 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8244

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 Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7743 Stanford Avenue 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALONZO THADDEUS FRUCHTE
3. (b) If veteran, name war
3. (c) Social Security No. 492-05-3768

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Teresa Fruchte
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November (Month) 29 (Day) 1886 (Year)

8. AGE: Years 60 Months 8 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation fire insurance adjuster
11. Industry or business Western Adjustment & Inspection Co.

MOTHER FATHER
12. Name Thaddeus Alonzo Fruchte
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name Rosella Mulcahy
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Teresa Fruchte
(b) Address 7743 Stanford Ave., U. City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis
19. (a) AUG 29 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 28th year 1947 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from July, 1940, to August 28, 1947; that I last saw him alive on August 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	4 d.
Due to: Hypertensive cardiovasc disease	3 d.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

PHYSICIAN — Underline the cause of 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? (e) Means of injury

23. Signature John L. Hamer (M. D. or other) MD
Address 114 N. Taylor St. Louis 8 Date signed 8-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. John L. Horner
114 North Taylor Avenue
JE-8600
Hrs. 10-12 A.M.

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 Harold C. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.