

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6092**  
**1816**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		d. STREET ADDRESS (If rural, give location) <b>#275 UNION BLVD; Congress Hotel</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEASONESS HOSPITAL</b>									
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALBERT</b>		b. (Middle)		c. (Last) <b>FRECH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 31 1869</b>		9. AGE (In years last birthday) <b>81</b> If under 1 year: Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chairman of Board; Eisenstadt Mfg. Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Lebanon, Illinois</b>		11. BIRTHPLACE (State or foreign country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Simon Frech.</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Zerweck.</b>			14. NAME OF HUSBAND OR WIFE <b>Alvina Frech.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-12-9523</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alvina Frech.</b>				ADDRESS <b>St. Louis, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LYMPHOSARCOMA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1. DIABETES MELLITUS</b> <b>2. ARTERIOSCLEROSIS GENERALIZED</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 HOURS?</b>  <b>UNK</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>200.1</b>					
22. I hereby certify that I attended the deceased from <b>7 Nov 1947</b> , to <b>25 FEB 1951</b> , that I last saw the deceased alive on <b>22 FEB 1951</b> , and that death occurred at <b>12:15 A.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert S. Warner</b>				23b. ADDRESS <b>818 OLIVE ST. ST. LOUIS MO.</b>		23c. DATE SIGNED <b>23 FEB 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>Feb. 24 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 23 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1987-07-28

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

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.